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SPECIAL MASS MEETING OF THE FACULTY AND STUDENTS OF THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE AND FLOWER HOSPITAL.

February 9, 1911.

Dean Copeland:

It has given us pleasure during the last few years to welcome to this college many distinguished men. We have with us to-day one who has had the very interesting experience of having lectured, perhaps, to more medical students than any other living medical teacher. Dr. Jones has been a teacher of medicine since 1872, and some of you were born after that date, and some of us were born before. We are glad, indeed, to have him with us, because he has had a distinguished career, not only as a medical teacher, but as a writer and practitioner in a Western city, and now is the distinguished President of the American Institute of Homœopathy. I take pleasure in introducing to you Dr. Gaius J. Jones, of Cleveland, Ohio.

Address by Gaius J. Jones, M. D., President of the American Institute of Homœopathy.

It is a great pleasure for me to come to the Metropolis of America, if not of the world, to speak to a body of medical men. I have seen a good many changes in my time, some of which I wish I had not seen, but many that I was very much pleased to see. At the present time we are apparently passing through a critical stage. I say "apparently," because I believe it to be more apparent than real. It has been a great pleasure to me to lecture on medical subjects. I do not hesitate to say that I was always very fond of teaching. I would forget everything else when I was before a medical class, except that which was in hand. I am very glad that for quite a number of years I taught anatomy. I consider that a

man who is not thoroughly grounded in this study cannot properly build the superstructure which is necessary for a successful medical career.

I can look back to the time when the requirements were much less than they are now. It would seem to you, perhaps, impossible for any one to fit himself for the successful pursuit of medicine and surgery in the brief time that was then required. There were no state medical laws to speak of, and the requirements of the colleges were that a candidate for graduation must be twenty-one years of age, of good moral character, and must have studied three years under some legally qualified practitioner and attended two courses of lectures of at least four months each. That time seems exceedingly short, but the secret of success in our school in those days was the old "preceptor" factor. Men then engaged in the practice of Homœopathy were on the lookout for bright, intelligent young men and women to take up the study, and when they found such a person they would immediately establish a medical school in their own offices. It was not an uncommon thing for a young man to come to college, during the first years of my teaching, who had recited to his preceptor almost every word in some text-book upon each subject, so it was very little trouble for him to continue the study. He did not have the cadaver, probably, for the study of anatomy—although some resorted to means to secure that—but osteology was thoroughly understood, and these men went at medicine with a very good knowledge of all subjects. The clinical advantages were nothing compared with what we have now. The question is now whether too much time is not spent on clinics and too little on didactic teaching.

You cannot acquire information in the lecture room or the laboratory in the same way that you can by your own lamp-light, almost eating up the words of the book—digesting and assimilating them so that they are never forgotten. I question whether you have any better results from your quizzes today than were secured in those olden days. Many of the men in those days were middle-aged, and they gave to the classes a certain stability which is lacking to some extent in many of our schools today. These men had taught school—they were principals of high schools, or they were mechanics who had studied every spare moment. Others had been clergymen or insurance agents—but they had all made a careful study of

medical subjects, and they came to the college pretty thoroughly ripened. Many of these men became eminent in their profession.

The Homœopathic colleges throughout the country, especially in the West, have been conducted to a large extent by the Alumni of our Cleveland school, it being one of the oldest homœopathic institutions—in fact, next to the oldest of any—and the writings and teachings of these men are among the most valuable documents we have.

The question is raised by a new investigating committee—organized for what purpose I cannot understand—whether a man can teach who does not devote his whole time the year around to that work. I can look back to my early days and recall the teachings of Dr. J. C. Sanders, as clean-cut and instructive teaching as I ever listened to. He never was absent or tardy unless extremely ill, and he would put off anything for the sake of coming to his class and being there on time. Old Dr. Blair, the first teacher I ever listened to on theory and practice, had been an old school country doctor who took up Homœopathy after being disgusted with the calomel and blood letting of that day. He had a pretty thorough knowledge of the symptoms of the leading remedies from his own experience. He had seen patients suffering from the evil effects of such drugs as calomel and tartar emetic, and became a firm believer in Homœopathy. He would recite the symptoms which he had seen as the effects of those drugs in such a way that you would never forget them. It is something for a man to say: "I have seen my patients after taking tartar emetic become cyanotic and fill up so that you could hear their bronchial rales all over the room, and yet they could not expectorate anything,"—and that, you know, is the characteristic symptom that you cannot mistake, and that is always relieved by the proper dose of that remedy. A question in my mind is whether a student can learn *materia medica* as well in class as he can from his book. If he learns it in class he must review it to have it become fixed in his memory, and the danger is, I think, at the present time, that we are not giving enough time to that subject or to the subject of drug therapeutics. A sort of therapeutic nihilism has crept into the other school. It is no wonder. They gave such enormous doses that they produced symptoms foreign to the case and aggravated those that were present. You may think I am making a statement that I cannot prove, but I can

prove every word I say. I have seen a case that had taken a sufficient amount of strychnine to produce the convulsions so characteristic of that drug. They were decided to be uræmic by the young practitioner and by an older specialist on nervous diseases, who furthermore decided that the patient could not live until the next morning. This patient was from out of town, and I had attended quite a number of cases in that town. Some one suggested that I see her. I perceived immediately that all the symptoms were due to strychnine, had the urine tested carefully and found there no evidence of uræmic poisoning; so all that was necessary in that case was to stop the drug, except that I gave her gelsemium, which was indicated, and I think that was the only remedy she received until she recovered.

I remember a case where a young practitioner was called in to see a young lady in a family in a remote part of the city. I was their physician, but they called him in because he lived in the neighborhood. That is one trouble in the city—your people get scattered and then they call in the nearest doctor. This family, as I well knew, had a very unfortunate history in connection with mercury, and the mother said to the young doctor: "Now, whatever you do, Doctor, you must not give this girl mercury. We have had trouble enough from that source." She was suffering from an attack of peritonitis—not severe. He tried one thing and then another, and finally the mother noticed unmistakable signs of mercurial salivation. She at once discharged him and sent for me, and I found that mercury had been given. The young man had violated his promise he made to the mother, because, I suppose, he had no other remedy to use in inflammatory disease than mercury, so he gave it.

I cannot quite understand what benefit can come from spending their time in preparing slides and studying them, if when they graduate allopathic students give calomel in the same way it was given fifty years ago. I say that calomel is used today to a large extent, and it is the cause of a great many chronic ailments that we come in contact with, and it is no wonder that they have gone to the other extreme. And what has been the result? It has given an impetus to the practice of those who claim that no medicine is required that they never could have secured in any other way. We occupy the middle ground. We believe in drugs, in drug thera-

peutics. We believe in the law of similars. There are many ways of applying it, and we do not all agree in those views, and I would not criticise those who teach other ways; but you believe in the law of similars. If you do, and if you study the *Materia Medica* right, you will in nine cases out of ten give the single remedy, and you will come to the proper dose. Our school is dwelling upon too many minor matters and is neglecting the great important question. We have an opportunity now that we never had before. The principal school, the dominant school we term it, is publishing article after article stating that there are more doctors than we want, and some of them state that they are not much good, what they have, and yet go on and state that they must have more time, that they must take more time before they go to a medical school.

It was only a short time since that the State Board was the question. It was thought by many that that would settle the question. Now we have a State Board that is good enough—that will settle the question whether or not a man knows enough to practice medicine. But it has been found that a good many graduates from the provinces, as you might say, from the smaller schools, when they come before the State Board of Examiners stand higher than some of those who spend so much time in preparatory work. We had an instance of this in our state. We have a college that claims to be ahead of almost everything, and it has a secretary who is paid by the year, and he thinks he must earn his money, and he writes articles, pamphlets, etc., and distributes them, and you would think from reading these that there was no other school in the state that was eligible to teach anybody. But two or three years ago two of our students stood numbers one and two in a list of 150 before the State Board; the third was a student from our college in San Francisco; and in this class there were probably twenty-five from the school which was supposed to be the only school that could teach. If the State Board examination is to be the test, were not the young men who stood at the head the best equipped? If you young gentlemen, when you graduate, stand at the head of your class in a State Board examination, will you not be the best students in that class? Would not that prove that this college can teach better than those colleges whose students rank lower?

It was my dream years ago—and it could have been only a dream—that if a student passed his examination he should go on

afterward, no matter where he secured his education—whether at home by the fireside, by the coal oil lamp or candle—anywhere; if he could come to college and pass the entrance examinations, it was my idea—I am not advocating it now, but it was my dream—that he could enter the Freshman class; or if he could pass the Sophomore examinations, or the Junior or the Senior examinations, let him enter there, wherever it might be, and not place so much reliance on the time of his preparation. But that could hardly be, and is not now to be, expected.

The best you can do is to make the most of your opportunities. You cannot acquire too much information to practice medicine, but you must not expect to secure all of it during the four years that you are a student. You would be surprised, if you have not been already, in talking to some of the older men, to find how much they have learned since their student days. It pleased me more than a little, just for the sake of giving the lie to the statements of Osler and others, to be elected President of the Institute of Homœopathy. You will find just as broad minds in many men's heads which are silvered or bald, who have reached the age of sixty-five or seventy, as you will in many younger ones. That is not the rule, perhaps, but what I claim is that a man should not grow old in regard to the practice of medicine. He should keep up with all that is necessary for the present day. I cannot understand how it was—yes I do, too—but the statement which I referred to had something to do with it—but thirty or forty, or fifty years ago it used to be said, "Old men for counsel." That was not only said, but was acted upon. People would say, "Let us send for old Dr. Blank; he has practiced for fifty years and must know something about cases of this kind." Now-a-days there is a sort of an idea that a man becomes an old foggy or is superannuated after he has practiced a long time. If one is going to learn by experience at all, is not a longer experience better than a shorter one? If a student must attend four or five or more years before he can practice medicine, and if he studies as he should after that, does he not know more in ten years than in five? more in twenty years than in ten? and more in forty years than in twenty? It stands to reason that he does—all other things being equal, providing his mind is clear and his memory perfect. I know men who have practiced forty or fifty years who can tell more by simply looking

at a patient, without saying a word or asking a question, than some others can by running a laboratory night and day for ten days.

We have a health officer, a very fine gentleman, who was taken sick and went to the City Hospital of his own choice, and was treated by other members of the Health Board. They have a very fine laboratory at the City Hospital and another at the City Hall. After studying the case for ten days they said he had typhoid fever. As a rule, the Board of Health says that we should report such cases within forty-eight hours. How can that be done if it requires ten days to make the diagnosis? If it takes that much effort to find out in a health officer, how are we going to find out about a charity patient? Depend on what they say in the laboratory and pay no attention to the clinical history? In many of these cases the clinical history is the main thing. A man need not practice very long to recognize a case of diphtheria; but we have a law in our town that requires that one should swab out the throat and send the specimen to the Board of Health, and if their report is unsatisfactory, that a second or third sample should be sent, and by the time that gets around the patient may be dead. In such a case the corroborative testimony would be too late. I say that clinical experience should be made more of than it is. You will have to take these subjects up, study them carefully, learn the reasons why and wherefore, and reason them out yourself. If the pulse is slow and intermittent, what is the cause of it? Answer it yourself. If it is rapid and easily disturbed, what causes it? You are to reason that out, and not read it in a book and recite it. Find out the causes of the various troubles, and then it does not matter very much to the patient whether it takes several days or a day to find out what the trouble is, provided you can help him, or cure him. If all the attention is paid to the diagnosis and no attention paid to the patient, what advantage is it to him? We spend too much time in that direction. The treatment of disease should receive more attention than it does.

You should have the symptoms of at least twenty-five remedies on your tongue's end. The symptoms should be apparent to you all the time. It is not such a dreadful thing to study the Homœopathic Materia Medica. Take the keynotes, the symptoms for which stand out so forcibly. Learn those. Learn them just as you learn to recognize your friends. A stranger comes into your room

and you remember nothing about him particularly, but if he comes in every day you notice the peculiarities of his ways, and his footsteps; you can tell that he is coming before he reaches your door. So, if you become familiar with the symptoms of remedies, you can tell without a close analysis when the remedy is indicated.

You must, however, confine yourself to the single remedy. There is no use in giving two or three at the same time. What is the use of distinguishing between bryonia and rhus tox if you are going to give both together? Is it not true that all poisons which affect the same part in a similar manner antidote each other? It is positive that iodide of potash antidotes mercury. If you give them both at the same time, as is done in many instances, you are getting the effect of the one that acts most powerfully, and you cannot get the full effect from each. Rhus tox and cantharis have many symptoms in common, particularly upon the skin. There is not a better antidote for rhus poisoning than cantharis. If you give both together, what is the result? One must antidote the other.

If you give the single remedy today and cure your case, remember the case, remember the symptoms; the picture is in your mind, remember what cured it; and in the next case of similar character give the same remedy and you will get the same result. Or, if the patient is taken sick in after years and your memory is deficient, and you keep a record of all your prescriptions as I do—every prescription of mine in regular practice is on record, and if a patient comes to me, as many of them do, six months or a year later, and says: "Doctor, I have the same kind of headache I had a year ago, and you gave me something that helped it; I wish you would give me the same thing,"—I can turn to my records and know immediately what he wants. If you give a compound of two or three remedies at a time you could not be positive about that, and if you did you would have to give the same particular compound, tablets perhaps, to every case of that kind. Such treatment is absolutely no good in helping you to study materia medica. But you say you cannot wait, you must do something right away. How about the people who take no medicine at all? Many of them get along, and it is not so imperative in all cases that you produce an immediate effect. It is better far to wait another day for results than to have to retrace your steps after giving something that does more harm than good.

A great many other conditions have crept into medicine. In years gone by a lot of pioneers in the small country towns instructed their patients. Those old men would be glad to sit down and explain to their patients how they expected the remedy to act, or they would explain the law of similars and tell what they were giving, and they would make of those patients converts; and these converts are the salt of the earth today; they are keeping Homœopathy in line; it is not those who are getting combination tablets or an abundance of medicine, without understanding anything about it.

I cannot express how it makes me feel when I see men who, as I tell them frequently, would be earning about a dollar and a half or two dollars per day if it had not been for the prestige and business which some good old homœopathic doctor had handed down to them; they are not caring for it in the proper way; they do not keep up the faith which was so prominent a characteristic of their predecessors. We now have an opportunity of going back to those methods, of using drugs as they should be used. I do not discard the use of palliatives; they are sometimes necessary—but, to go back to the same statement that I made before, nine-tenths of your prescriptions should be strictly homœopathic. You would then cure many cases that others have failed to cure.

I have probably sent out from my office at least thirty men who have located in our city—and have taken business from my office. They have all secured some business. Some have died and some have moved away, and you would imagine that I have not very much business left. That is not true; some of it came back, of course, but I have more than made up for what was lost by curing cases that were not being cured by others. For instance: A prominent lady of the city had been under treatment by an allopathic physician for diarrhœa for five or six years. She would have these attacks of diarrhœa and he would give her the same thing—calomel, castor oil, etc., and then if the trouble became too great he would give opium to stop it. In a few days she would be as bad as ever; after two or three days of constipation she would start off again. I found that she was incapacitated for part of the day; she would get up in the morning early because her bowels demanded that she go to the closet, and from that time on she would have diarrhœa until about ten o'clock; she could not go about, and could not stir

except when necessary. After that she would have reasonable freedom, and would be fairly comfortable. I suppose that every one in the class could tell what I gave her, but for fear that every one does not know I will say that I gave her aloes 30x. That was fifteen years ago. She has been to see me since, and I treat her for these attacks occasionally. She will go for six months or a year, or possibly two years, and then have the same trouble, and the same remedy relieves her. There is some satisfaction in practicing medicine in that way. It not only benefits the patient but the physician also, and cases of that kind have kept up my business. I would be willing to go into any town and sit down by any other man, unless he practiced in the same manner, and I would get a business, and you can get it just as well.

Flexner says that there are too many doctors. Of old school doctors that is probably true. As my old friend, Dr. Storms, of Willoughby, Ohio, used to say, "We are not of that kidney." I know that there is room for thousands of men who would prescribe homœopathically and who would do it well. My office has been a sort of clearing house for doctors for the past forty years; if they got into trouble of any kind they came to me or they would let me know they wanted a different location. A man wrote me a short time ago and told me what he was doing and how much he was collecting. I advised him to stay where he was, for he could not do any better anywhere else. They get uneasy and tired, and want to go somewhere else. They have the idea that the doctors in the city only work about eight hours a day; but if a man wants a business in the city he has to work for it. I have in mind a town where a friend of mine who attended our school while I was a lecturer located, and became one of its prominent men. He was respected by every one, and accumulated property, but died very suddenly a year or so ago. There has not been any one to take his place. There are not enough Homœopathic graduates to fill the places of those who die. We ought to graduate ten times as many as we do. The statement that there are too many doctors does not apply to the Homœopathic school. That doesn't mean that you should locate right next to the college or in some of the large towns that already have more than their share of doctors, but there are many towns of five, ten or fifteen thousand inhabitants where there may be only one Homœopathic physician, and people would employ

more if they would only come. Twenty-five or thirty years ago physicians would locate in such towns and would learn of some young man who would make a good physician and would advise him to study medicine, and from everywhere we would get a number of students. I remember when the late Dr. H. C. Allen first came to Cleveland he brought with him fourteen students, eight or ten of them his own. He used to have a class at home, and they did private dissections and had private quizzes, and he gave them instruction. Others in our state have sent us from ten to thirty students. Such interest seems to have lagged to some extent. We need students, and they can succeed more profitably than in any other business that I know of. Just think of the mercantile business. Only one in a hundred ever secures a business of his own, and then what is it? He may have to run his business on borrowed capital, and something may happen to it, and away it goes. What can he do? I know men whose business has changed hands and they are out in the cold; they have nothing to live on, while a physician can never be robbed of his business—as long as he can talk he can practice. It is better than life insurance.

I always like to look at things in a business way, and I have never quite forgotten all my business qualifications since I took up medicine. I have engaged in some things on the side which have been a recreation to me. I think that is a good thing for a doctor; it gives him recreation, and brings in some income—instead of going to Europe or Alaska, and wasting his time. For thirty-five years I had no vacation at all. I have been in practice for forty-seven years, and outside of sickness I have not been away from my business for six months altogether, but it has been a relief and a recreation to me to engage in some other avocation. Building houses or something else takes one's mind off the drudgery of the profession and brings in something for a rainy day, but not every one cares for that sort of thing.

I suppose it would be wrong for me say anything about the specialists, but instead of saying that there are too many doctors I would say that there are too many specialists. I don't think there is anything so comfortable, and you might say profitable, as the general practice of medicine in a town where every one respects you, and where your patients will listen to your every word and obey it to the letter. I never enjoy myself better than in going about among people whom I have known and treated, it may be,

for ten, twenty, thirty,—some forty-five years. They know my ways and I know theirs, and you could not drive them away from me. They are steadfast, and you can do more for such people than you can for strangers. A person who employs first this one and then that one does not obey any one in particular. They have no faith, and while that has not much to do with what you give them it has much to do with the peace of mind which aids in the cure of your cases.

That leads up to the question of mind cure or faith cure. I believe that mind has an influence over mind, that cannot be disputed, and in the treatment of your cases if your mind is supreme, if it is the controlling influence, you have a great advantage. In all the cures that are made without medicine I think it is simply the act of the will. It requires a great deal of effort to get well when you are convalescing. If you have ever been very sick you know how difficult it was to get up; it requires a great deal of effort to do it. The doctor who treats a case of that kind and gets his patient up must have a will of his own and be the controlling influence. I recall very well, when I first began practice, many old physicians near me who would go about the country, men of few words, but great readers and thoroughly conversant with all the topics of the day. They could converse with any patient on any business in which he might be engaged, and gain his confidence, and the patients would listen and go to him for advice on almost any subject, and it is exceedingly gratifying when people do that, and they realize that you are their friend and adviser; and when they come to be sick you can treat them to greater advantage than you otherwise could. You don't see so many of these men now as formerly. We have been loathe to recognize the influence of will power, and have driven many away because of it; our patients have listened to the teachings of others who have claimed various sources of power which were nothing more or less than the mere will force of the patient himself. You want to get control in that way, and I do not know how a physician can acquire that influence except by fortifying himself by study and becoming superior, and that is what you must do if you are going to succeed as you should as medical men. You can use this influence which takes patients away from us just as well in connection with the use of the homœopathic remedy properly administered, and in this way gain additional advantage.

We want harmony in the profession. We want to agree that every man who believes in Homœopathy is eligible to join our body, and instead of wasting out time in hundreds of organizations they should be reduced to many less, and then we should have the central body, which I happen to represent at the present time, which would be the principal influence over all. I believe in a federal form of government, but it should be strictly representative. I don't believe in States' rights beyond a certain limit, and I think we ought to have in the American Institute of Homœopathy something resembling the federal government—a body that can be looked to. We have a body of which we have all been proud, which was formed and has been kept together voluntarily. It is almost an unheard of thing; men who were far above the average have met together every year and assumed a controlling influence over the homœopathic school. They have existed until recently without any authority, state or national, but by common consent we have given them the power to control our school. Now we have a corporate body, and we ought to go on in this direction and fortify ourselves, and forget all the minor differences, which amount to very little.

What can you do better than to study Homœopathy? If you go to the other school, what will you get? As I told Dean Copeland, you will find the pasture on the other side remarkably dry. The profits secured by the physicians who have gone to the other school have been very much diminished. If you want to succeed, if you have no better motive than business, we should all hang together, agree together, meet together, counsel together. It is not necessary to go outside to get counsel. When I began to practice medicine I would send ten, fifteen or twenty-five miles for a homœopathic physician rather than allow an allopath to come in and see the patient. It was the understanding that it would be useless, for the treatment was entirely different, and the visit would be null and void. That is true. As one of the leading allopaths in Cleveland said some time ago: "I would not mind consulting with you; I would just as soon meet you fellows; you are all my friends, but what do I know about your Aconite and your Bryonia? Nothing at all."

I call for more enthusiasm on homœopathic lines, a little more unity of effort, and then we can regain all that has been lost and many times more.

**ADDRESS BEFORE THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY
OF NEW YORK, FEBRUARY 9, 1911.**

By Gaius J. Jones, M. D., of Cleveland, O., President of the American Institute of Homœopathy.

I wish to thank the society for its invitation to be present at the former meeting, and regret that on account of illness in my family I was unable to come. It is hardly worth while to break in upon a scientific meeting with any remarks that I may make, although they are important, but I will detain you only a few moments in putting forth my opinions in regard to certain matters.

In 1843 there occurred two notable events, one was the origin of the American Institute of Homœopathy, and the other was the birth of your honored servant, so we are contemporaneous products. I have always taken great interest in the Institute, although I have generally had something to do and preferred to do it rather than travel around the country, and I have not been able to attend as many of its meetings as I would like to have done. The bread and butter question is an important one, and I had a family of six children to bring up. It means something to bring up five or six children, especially in this strenuous time, and give them the education they ought to have; music especially takes considerable of our means at two or three dollars a visit. It takes a good many visits to support a couple of girls in a conservatory of music. Then the future has to be considered; we have to look out for rainy days, they are pretty sure to come, rain or snow, or something else. Then the time comes when we have to lay down our work—perhaps before we desire to. There is the balance of life which must be looked after.

I have some very pleasant recollections in regard to New York men and women. I remember the notable trio, P. P. Wells, Carroll Dunham and Henry M. Smith. Before the close of the war they came to Utica to attend a meeting, and I was very much impressed with them. I can never forget their appearance. I can see them yet, exuberant in spirits, like three overgrown boys, and ready to discuss any subject before the society at that meeting. Many of you have seen copies of the old *American Homœopathic Review*, the best journal our school ever had in this country, edited by these three men. I knew that when I read anything they said or wrote

that it meant something. I have put to the test many of the things they have written. Dunham wrote the *Science of Therapeutics*, one of the finest works we have. Wells wrote several monographs, one on diarrhœa and dysentery, which I almost committed to memory. The symptoms and remedies were unmistakably correct, as I have proven time and again. Perhaps it is not right to think we have not men who can take their places. Perhaps we have so many we cannot observe them, but I can look back to them as being superior to the great majority of our profession. Two of them were presidents of the American Institute of Homœopathy. You have had quite a number of presidents of the Institute—two of the gentlemen present were among the best we ever had. Brooklyn, Boston and Philadelphia have all furnished men for that place. I feel hardly worthy of the position formerly occupied by so many men of eminence, so many men who have accomplished much in the fields of medicine, and not only in medicine but in other fields as well—largely men of brains, who have conducted that body for all these years.

It is a little strange when you think of it that a voluntary organization of that kind, in which a few men came together and agreed to do certain things, should continue for so long, the name even unchanged. Names change frequently in other bodies, but the name by which this was christened by Constantine Hering remains to-day, and without the Institute where would Homœopathy be to-day? We have men who for twenty, thirty, forty, fifty years sacrificed almost anything for the sake of attending its meetings and keeping it up, but they are not the only ones who have profited by it. We have all profited by it, and now that it is an incorporated body it requires the help of all who can attend the meetings to make it what it should be.

Does any one believe that if we had twice as many members at the meetings it would not have greater weight throughout the country? And now that we are placed upon the defensive to a large extent—more than for some years—we should see to it that we properly defend our position. It is not idle gossip that tells you there is a threat of a new cabinet officer or a new bureau connected with the administration at Washington. It has been mentioned high up and is seriously thought of. What would be the result to the minority you can scarcely imagine, and we must be on the alert and guard

against that. The Institute at Pasadena did something which will prove of great benefit. A National Committee was appointed, composed of Drs. Ward, Sutherland and McClelland, to get up a bill to take the place of the measures which have been presented in Congress, as you know, and which were not so very far from being passed. There is danger in these bills, and we cannot afford the responsibility of defeat. We must do our duty. Legislators are susceptible. I have seen in our own state plenty of proof of that. We had a bill before our State Legislature which would have been if it became a law a serious detriment to all schools of medicine. It was on account of the large support of the votes with it which gave great danger of its being passed; and it would have passed if we had not stirred ourselves; for once the allopaths and the homœopaths were united, the eclectics as well. The three legislative committees from the state medical societies argued the matter before the Senate Committee, and by hard work the bill was defeated. We can do much if we work for it, but it takes more than ten, more than one hundred, perhaps more than a thousand, and we want a large number of Institute men and women to defend ourselves and to carry on the work which is necessary.

As I sat here and listened to the scientific discussion going on, I thought of the numerous societies of this kind all over the country. You have a good many in this city; in our state we have perhaps half a dozen; they go on, carrying on their meetings as usual, have their bureau reports, etc., but they do very little towards upholding the national body, the body that, now the matter of medicine has come before the Administration and the National Legislature, must fight this out to a finish, and perhaps pretty soon.

Dr. Carmichael, the chairman of the Committee on Pharmacopœia, with Dr. Horner, the secretary of the Institute, went to Washington a short time ago to defend the question of our pharmacopœia. Had the opposition carried out their project it would have been a serious detriment to all of us; none of us would have had the right to put up a prescription or make a trituration in his own office; but it was held in check. That is another thing we have to look out for, and our very existence as physicians and surgeons is jeopardized by such measures.

I come before you to make this plain statement. It has been said that we have a federal form of government in our body. We have

a federal form of government but it is a democratic government in the strictest sense—I do not refer to the party of that name, but to a government by the people. Every member of the Institute has a right to vote on every measure presented at its sessions; he has the right to discuss and the right to appeal from any decision of the chair or of the committees. It is open and free for all. I would like to see a thousand members attend the next meeting, and then we would show the world something. We have been frittering away our time over small matters, differing about the dose and the dilution, but we all believe in the law of similars, and that is the only test, the only question I would put before any physician would be: “Do you believe in the law of Homœopathy?” “I do.” “Very well, take your place with the sheep.” The others could take the opposite side with the other varieties. Let us drop all these other questions. We will have to do it if we are going to live.

You go about your business and make as many visits as you can; your office hours are filled, and you think you are independent, but are you? Supposing a law is passed that every prescription must be put up by a pharmacist. Your office business would vanish, and you would have to send your patients to the pharmacists. This may be a little pessimistic, but it looks that way to me. There are men in this country who are bent on carrying their point, and they are trying to do it in every way possible, politically and otherwise. We may have to become politicians ourselves. Let us get together at Narragansett Pier on June 25th, 1911, discuss these matters and put them in the hands of committees that now exist, or better ones if possible, and be prepared for anything of this kind; if an obnoxious bill comes up before Congress—if they threaten us with these bills—let the committees be ready to go down and oppose them. Let us become better acquainted with our legislators, Congressmen and Senators, and let them understand that we have votes which we can control. We can form public opinion or change it possibly, and in this way protect ourselves.

That is the principal argument that I would present for your joining the Institute. It is not such a large number who have shared the burden of the struggle. At Pasadena \$5,000 or \$6,000 was raised with comparatively few present. They have paid their subscriptions, and a Field Secretary is at work, being paid for by the subscriptions raised at that meeting, but every member ought to have a chance to

help in this work. The office of Field Secretary is an important office, and is of great value and has almost paid its way in the number of new members that have come in already, and we must keep up that work. I would be in favor of a certain number subscribing for ten years enough to pay the Field Secretary, and for additional work in that line. We had better do that than spend it on our vacations every year. We must do it if we are going to live. The tide is turning.

We have fewer colleges but the classes are larger. In our college in Cleveland we have thirteen students from allopathic colleges, and they will make good homœopathic practitioners. The other fellows have over-reached themselves—in our town, at least; they have driven out of existence a college that was just as good as the one that remains, just because it did not have money. Forces were brought to bear on the literary institution with which it had connection; this withdrew its support, and their teachers had to lay down. Their students had always stood as high as the others, and all they secured from this co-operation was one professor. They have no more to say than they have about running this city—it is all in the hands of the Executive Committee of the Flexner anointed institution. It is the same in other cities. They have means to wipe out these colleges, and the result is that these men who are left out are dissatisfied. I know how they feel. I have talked with them, and they feel as if they were starved out.

Now is our opportunity. Let us get these men, give these students to understand that if it is true as they are told, that they are turning out a herd of students who cannot secure any business, let us give them to understand that we need men in the hospitals, and that we cannot get enough of them. There are places where old homœopathic physicians with good business have died, men who had established themselves and had prospered, but there is no one to fill the vacancies.

I think we have crossed over the worst of it, and our people are waking up to the fact that something must be done, and that they are doing it. That is all that is required. A little enthusiasm and a little work, and Homœopathy will stand better than it ever has before in this country or any other.

THE MANAGEMENT OF THYROID DISEASE.*

By John Rogers, M. D., Surgeon to Bellevue and St. Francis Hospitals.

The study of the over-action of the thyroid gland was begun some four or five years ago by Dr. Beebe, who injected into the patient a serum which he devised from the human thyroid gland.

The normal thyroid contains considerable globulin and a small amount of nucleo-proteid. The pathological thyroid of Graves' disease varies from the normal in having a vesicle which is irregular in shape instead of being diagrammatically circular, and has a number of layers of epithelium instead of but a single layer, but contains a large amount of nucleo-proteid material and much less globulin. The globulin and the nucleo-proteid are more or less separable, but not completely or easily so.

At first we had rather remarkable success in injecting anti-thyroid serum, and it seemed as if all cases could be handled in the same way, but it was soon found that it might aggravate certain cases. To correct that I experimented, with Dr. Beebe's assistance, with various ingredients from different organs of the body, and found that the thyroid nucleo-proteid had various uses, the nuclein derived from the adrenals, etc., had various other uses, and finally that the entero-kinase products had considerable use. The other organs I have never been able to satisfy myself had any perfect effect. You will, therefore, hear of the anti-thyroid serum, the thyroid globulin, the adrenal nucleo-proteid (that differs from adrenalin in that it lowers blood pressure instead of raising it), and the pancreas nucleo-proteid, which may have some relation to the internal secretion of the pancreas. The other pancreatic proteids have a definite use in certain cases—the pancreatic enzymae and trypsin, especially.

At the New York Academy of Medicine recently I presented certain cases showing certain definite results that were isolated, not common cases, but are suggestive in that they showed definite results which one cannot get away from. The first of these was a typical and rather severe myxedema of fifteen years' standing. Commercial thyroid was at first beneficial, but later failed entirely, by causing hyperthyroidism. A substitution of one-tenth of a grain of

*The Academy of Pathological Science, January 27, 1911.

the pure thyroid proteids proved helpful, but had to be steadily increased until the thyroidism again appeared. Then a combination of the thyroid pure proteids with the pancreas nucleo-proteid relieved all symptoms. The pancreatic enzymes were injurious.

The next case was also one of myxedema, but with a goitre and with high blood pressure and severe gastro-enteric disturbance. This case was relieved entirely by feeding with the adrenal nucleo-proteid.

The third case, also one of myxedema, could only be relieved by a combination of the thyroid, pure proteids and enterokinase.

Here were three myxedema cases, all having to be supplemented by definite chemical substances taken from the organs, the pancreas or duodenum.

The fourth case was one of severe typical exophthalmic goitre. It was at first made worse by the antithyroid serum, but was cured entirely within three months by the subcutaneous administration of thyroid globulin.

The fifth case, likewise one of severe typical exophthalmic goitre, after improving under the antithyroid serum, developed glycosuria. Partial thyroidectomy was then performed, with complete cure of both the thyroidism and the glycosuria. The glycosuria and hypertrophy of the left lobe did not disappear entirely until trypsin was given by rectum.

The sixth case, one of severe exophthalmic goitre, was improved at first by the antithyroid serum, but this finally became ineffective. All four of the afferent thyroid vessels were then tied at intervals of two to three weeks, but no appreciable gain resulted until the adrenal nucleo-proteid feeding was instituted. It has now resulted in an almost perfect cure.

Dr. Roger's theory of the disease is based upon the chemistry of the gland. The thyroid of untreated Graves' disease contains less iodine per gramme of gland substance than the normal organ, and the quantity seems to diminish in proportion to the severity of the disease. Two active substances can be isolated from the thyroid—one, a nucleo-proteid; the other, a globulin. The globulin product increases in abundance and the nucleo-proteid increases in direct proportion to the cellular hyperplasia and disintegration, characteristic of the thyroid changes in a typical case of Graves' disease of increasing severity. In many cases of acute toxæmic Graves' dis-

ease the thyroid contains little or no colloid (the equivalent of the globulin constituent), and a great abundance of nucleo-proteid, and in cases which have not previously been given iodine this element is much less than normal in each gramme of gland substance. The reverse is true of the normal thyroid.

From the experiments and from clinical observation it is probable that the thyroid nucleo-proteid is limited in its effects to stimulation of the chromaffin, or sympathetic adrenal system, and so, by stimulation of the cardio-accelerator nerve, produces tachycardia. On the other hand, the thyroid globulin, or colloid, is assumed to have an immensely stimulating effect upon every organ and tissue of the body. As the thyroid, adrenals, pancreas, liver and duodenum seem closely allied in diseased states of the thyroid, these organs are singled out for a diagrammatic representation of thyroid physiology. The thyroid globulin is thus supposed to activate the adrenals, pancreas, duodenum, and liver directly, and aid in the production of an "internal" secretion from the adrenals and pancreas, which, with the thyroid globulin and the absorbed intestinal enzymes, in turn pass through the circulation to the liver, and are thus a necessity for the normal chemical processes. In Graves' disease there is a deficiency of the thyroid globulin (qualitative at first rather than quantitative), and an excess of nucleo-proteid, and this excess unduly stimulates the chromaffin system, which, through the adrenal portion of the system, inhibits the pancreatic and duodenal chemistry, while it stimulates the heart. The deficiency of thyroid globulin, on the other hand, leads directly to an imperfect liver activation and indirectly adds to the damage to the liver by an imperfect or deficient internal secretion from the adrenals and pancreas, which also are necessary in the liver chemistry.

The primary cause of all thyroid disease seems to be glandular fatigue, and the thyroid with its assumed universally activating properties is, of course, exposed to excessive demands upon its product. In myxedema the fatigue leads to atrophy of the thyroid epithelium. In Graves' disease a compensatory hypertrophy takes place in response to the demands upon the thyroid, and the fatigued epithelium is unable to perform its mechanical duties, and multiplies so rapidly in its attempt to metabolize iodine that it disintegrates and thus forms an imperfect or actually deficient amount of colloid or globulin and an undue excess of nucleo-proteid.

As the thyroid globulin is supposed to be universally activating it must, when in excess, activate the thyroid itself; and as the gland is supplied by the sympathetic nervous system any excess of thyroid nucleo-proteid in its stimulation of these nerves must likewise stimulate the activity of the thyroid epithelium. Hence, in the activation of the thyroid by its own globulin and nucleo-proteid products, there arises an over-activity of the gland, a double vicious circle and a self-perpetuation of a fatigue phenomenon which involves not only the thyroid but also the liver, duodenum, pancreas and adrenals. The latter are part of another apparently auto-activated system, as their only known product, adrenalin, seems to be limited in effect to the terminal filaments of the sympathetic nervous system; and if the adrenals are capable of functional over-activity like the thyroid, the sympathetic may unduly stimulate the thyroid and so cause a hyperthyroidism, which is a secondary and not a primary disease of the gland.

The therapeutic problem is first to rest the thyroid and allow the epithelium time to regain its ability to properly metabolize iodine, and next to cut off the superabundant thyroid nucleo-proteid, and often the globulin, which possesses the power, through the sympathetic or chromaffin system, of stimulating the thyroid and the heart and of inhibiting the pancreas and the duodenum.

The primary acute toxæmia cases can be cured by the antithyroid serum, which, by its cytotoxic and antitoxic components, neutralizes the thyroid products. After the subsidence of the acute symptoms rest is necessary. ,

The chronic cases require a preliminary ligation of the thyroid vessels, always under local anæsthesia, to obtain rest for the gland. Afterwards the antiserum or supporting organ therapy should be employed. In the toxæmic exacerbations of chronic thyroidism the antiserum must be used with great caution.

Partial thyroidectomy is of advantage in cases showing constitutional symptoms but having only a circumscribed or unilateral enlargement of the gland. The portion of the gland allowed to remain must be in reasonably good condition and of better character than the part removed, or relapse will follow. But the possibility of a primary cause for the disease in a chromaffin system or adrenal disorder must always be borne in mind. The thyroid is only one of several glands which seem closely associated in the maintenance of a

normal nutritional chemistry. A functional disturbance in any one of these organs—among which the pituitary must be included—seems often to cause a compensatory hypertrophy, and frequently over-activity of the thyroid, and, therefore, radical operation upon the thyroid should be undertaken only after due consideration of the associated conditions.

THE THYROID GLAND.

By S. P. Beebe, M. D., Director of the Loomis Laboratory Medical Department of Cornell University.

He agreed with most of what Dr. Rogers had said in regard to the treatment of thyroid disease, but thought we could hardly be sure of some of the theoretical considerations which he had put forward as an explanation for his therapeutic measures. A great many theories have been advocated to explain how the thyroid gland does its work and what is done. The most prominent of these, which is no longer believed, however, but which held ground until very recently, is that advocated by Baumann. He maintained that the action of the thyroid was to inactivate certain conditions that appear in the course of intestinal indigestion, and he believed that it accomplished this by combining iodine with these substances; that this was effected in the thyroid gland, and that after the combination had been made it was stored up in the alveolus of the gland for a long time, and that in normal conditions very little of this material was sent into the circulation. He reasoned that if the function of the blood is to secrete iodine substance, that if an animal were put on iodine free diet it would be possible to rid him of iodine in two or three months. He, therefore, kept animals on an iodine free diet for a considerable time, but found that the iodine did not appreciably diminish in quantity. He then tried to produce artificial myxœdema. He tried the experiment but did not get the myxœdema. It is probable that he did not get all the secretions that led into the gland.

Recent experiments have been made to find iodine in the substance from the gland, and nothing has been found, although in the total quantity of lymph flowing from the gland for a period of some hours nothing could be demonstrated. It would seem that the reason for that is that the normal demands for thyroid are generally satisfied by a very small amount of material. It does not take much

material to satisfy the demands of the normal human subject for this form of secretion. It has been given to a number of children and to myxœdematous patients, and a surprising small amount has been required. Three-hundredths of a gramme is an abundant quantity for an adult individual in the course of twenty-four hours, and this is three-hundredths of a gramme of proteid, of this not more than $1/1,000$, not more than $1/10$ of 1 per cent., is iodine. If this quantity is distributed in the total quantity of the blood going through the gland in twenty-four hours, you will see that the concentration in iodine is exceedingly small. Thyroid absorbs iodine with a very selective activity. Nothing else compares with it in absorption capacity, even under unfavorable conditions as regards pathology, and it will retain a certain percentage of iodine for a long time.

It seems probable from recent experiments that when the thyroid secretion actually accomplishes its function in a great variety of tissues it is destroyed. It is not destroyed at once, however, but is returned in the secretion to the thyroid gland, and is built up again to the same kind of secretion which went forth from it. It makes very little difference in what form you feed iodine, but the most favorable form is that called iodo-thyrin. This substance can be fed into normal thyroid secretion more economically than any other, but practically all iodine containing substances which have been used will suffice to allow the thyroid to store iodine, and practically any thyroid whatever, unless it has been recently the subject of forced iodine feeding so that it is completely saturated, will store iodine.

The thyroid secretion is probably prepared by the epithelial cells. The globulin in the alveolus is to be regarded as reserved material which is to be used when needed. If most of the thyroid gland is removed there is higher pressure of the cells in the remaining portion, which immediately begin to absorb the globulin that has been reserved in the alveoli. In the Graves' gland, for some reason which we are yet quite unable to explain, there is a remarkable multiplication of these epithelial cells that are all active and all apparently, as far as we can judge, form the products of their activity as the normal glands, but their activity as measured in its results is very much more than we ever find in a normal gland, even though the total weight of the gland may be no more than the normal

gland under normal conditions. We do not know yet what is the precise origin of Graves' disease. An individual who is apparently in very good shape may have a small goitre, or may have no goitre, and under the influence of a psycho-nervous shock, overwork, nervous or mental, under-nutrition, etc., the thyroid gland begins certain changes which result in Graves' disease—that is an unusual production of thyroid secretion. We cannot yet answer the question whether or not the products formed by a Graves' gland are very different from those formed by the normal gland. We know that the physiological activity of the thyroid secretion is practically dependent upon its iodine content. In the normal gland we generally find more iodine than in the Graves' gland, but in the Graves' gland the quantity can be turned over into the circulation more easily than in the normal gland, and the gland is also usually larger. At the present time the tendency is toward the belief that the thyroid gland in Graves' disease does not produce a secretion very widely different from that in health. It is simply a question of quantity. Of course, there are a large number of precedents and conditions for the production of Graves' disease. It often develops after an infectious disease. Tonsillitis is a very frequent accompaniment. The tonsillitis, however, may not be the origin, but an affection which is dependent on a condition often found in Graves' disease. Status lymphaticus—practically all the cases of Graves' disease I have seen that die an acute death from Graves' disease have an enlarged thymus gland and enlarged lymphatic glands in the body. If you have had much experience in Graves' disease, you will find that tonsillitis is a very common infection. It has always been known, since Graves' disease has been at all actively observed, that nervous shock plays a considerable part in the development of the symptoms. Suppose we have a colloid goitre which is not secreting more thyroid than the body can use without producing symptoms. There is more in the gland than the body needs. If we take out the iodine and put that directly into the blood stream we get very marked symptoms; as long as it is in the gland it produces no symptoms. When it gets into the circulation, it causes Graves' disease. One of these exciting causes is nervous shock. What does nervous shock do? The first thing, apparently, is an increase of blood flow through the gland, and increased absorption. There are certain fibres which under stimulation of the cervical sympathetic

cause dilatation of the blood vessels and increased blood flow. The primary fact has been the nervous shock, an unstable vasometer control. However, the symptoms which we recognize as Graves' disease are due to the flooding of the system with thyroid secretion.

The cause of fatigue is a very difficult question to answer. I don't see how we can assume that it is fatigue. By all the methods we are able to use to measure its function, we must conclude that it is able to function and do its work, and does not tire apparently for a number of years.

In the treatment of Graves' disease there is one thing which it seems to me will prove to be of more value than almost anything else—that is, early diagnosis and treatment. Most cases of Graves' disease are not recognized in the early stages and are not treated early. Early recognition and treatment will check a very large number in the very beginning. Many young women have symptoms of Graves' disease between eighteen and twenty years of age, when in high school, or on first going into society, as the result of over-work, nervous and physical, to which they are subjected. These symptoms go on in a mild fashion, but if the individual were put to bed and kept there for a considerable length of time, they would soon pass away in a very large number of instances. In mild cases of Graves' disease it has been proposed to ligate the thyroid arteries. If one should designate by mild cases the large number of young women who have the typical symptoms mildly and which if allowed to go on would develop into serious conditions, it would be very injudicious to have the arteries ligated, for if most of these cases are simply put to bed and kept there for two or three weeks they will recover. They need nothing more than that. If more is needed, it is my experience that thyroid serum at that stage is quite as effective as in the acute sudden toxæmic cases.

Nothing will be done that will be of so much value in the treatment of Graves' disease, of the toxic condition of the goitre, as the early recognition and treatment of the conditions.

The thyroid gland is a big subject, and there are all sorts of questions concerning the pathology and the physiology which are of interest. I have been interested in it for some time, and have made some study of it, and could talk about it for two or three hours, but think I have said quite enough to answer the purposes of the discussion.

DISCUSSION.

DR. DIEFFENBACH said that he had only one observation to offer which had come to him in quite a peculiar way, and which might have some bearing on the etiology, prophylaxis and treatment of the condition. Quite by accident he discovered that one case of thyroid disease that came to him was a masturbator, a young woman. Since then four cases which he has treated in the last six months have all had the same habit. These cases would come under the classification of overwork, and would also come under the line of prophylaxis. In all of these cases very strong mental treatment, very strong treatment bearing upon that particular feeling, rest, and physical therapeutic measures had a very beneficial result.

He brought this point up to learn if others had had the same experience, and to suggest that it might have some value in studying such cases in young women of eighteen to twenty years of age. After he had discovered this habit in one such patient he questioned the others closely, and got the admission from them in every instance.

DR. HASBROUCK said that he had learned a whole lot to-night, and had been very much interested in the paper and discussion. He had had some experience in thyroidism and the remedies which had been named, and had used many of these remedies. He had never, however, seen three cases of thyroidism that could be cured by the same remedy in succession. Thyroidin in a very weak solution will cure most of the cases in the early stages. The trouble with the reader of the paper was that he has not learned to give little enough medicine, nor that when a remedy produces marked aggravation of symptoms it means that you are putting it in too fast.

He has found that the best way to treat all cases of thyroidism, myxoedema, Graves' disease, etc., is to treat the patient who has the disease. The first case of thyroidism he ever treated was about 36 years ago. He was called to see an old lady between 65 and 70 years of age who had an acute attack of what she called croup. She was subject to these attacks three or four times during the winter. This was in March, and it was a Kali bichromicum croup, and he gave her that remedy, and told the patient that if she was subject to these attacks she had better take the remedy in small doses two or three times a week. Under this treatment the croup was broken up. She had a large goitre, and inside of two months he found that that was subsiding, and she never had the croup again. She lived ten years after that, and never had anything but Kali bichromicum. It was easy to see why this was indicated.

In one family which he treated there were three daughters and one son who suffered from thyroidism, but no two of them required exactly the same remedy. He had only been using thyroidin for ten years, but has found it most useful in the acute cases, and if a

case of exophthalmic goitre comes to him and no other remedy is especially indicated, he gives the homœopathic preparation of thyroïdin, the 6th dilution, giving a few drops twice a day; he then fills the bottle up with alcohol, and the next dose is two drops of the next dilution, and the next dose still less. He has known half a dozen cases cured by this method of treatment. Iodine also is a great remedy, but has been much abused. Iodine will act better in the third centesimal dilution than in the tincture.

DR. McDOWELL said that Dr. Rogers said he had tried everything else, and then gave iodine, and the case got well. He would like to know if the iodine had been tried in the other cases.

DR. HOPKE said that last winter a young man came to him with a general enlargement of the lymphatic glands, and there was at first quite a question as to the nature of the condition. He later developed a thyroid, and subsequently, without any remedies doing any good, he had a convulsion, and after that eight or ten convulsions in all; the glands were examined and found to be non-tubercular, and there was no explanation for the condition. Finally, the patient developed symptoms of Hodgkin's disease, and two months ago he succumbed. He would like to know whether Dr. Rogers had seen any cases of this nature, and whether or not Hodgkin's disease follows as a direct outcome of thyroidism, as explained to-night.

DR. HONAN said that he had been extremely interested in the ingenious explanation in physiological chemistry of the action of the various serums, but noted that the two gentlemen who had worked together had apparently some slight disagreements in regard to the nature of their work. The question of early diagnosis which had been referred to by Dr. Beebe is one of the most important features in the treatment of this condition; just as some years ago cases were treated for hyperacidity of the stomach, nervous indigestion, etc., and were not recognized as cases of gall stone because they had neither jaundice nor gall stone colic. Dr. Rogers had emphasized a very important point, that hyperthyroidism is not always recognized in patients because they show neither exophthalmos nor enlarged thyroid. As he looked back over his own experience he could recall four or five distinct cases who went from one physician to another, who went steadily downward with all the symptoms and occasional exacerbations, and finally succumbed unrecognized. With reference to what Dr. Beebe had said of tonsillitis, he recalled one case which was evidently one of chronic thyroidism unrecognized. This patient developed a sore throat and died. It was probably a case of true thyroidism. So in connection with the wonderful work, which these gentlemen are doing, of which he has evidence in personal contact, he wished to give testimony to the fact that in no other place has the importance of early diagnosis been so emphasized.

He would like to know if one of the gentlemen could state, in clos-

ing the discussion, just what is the part really played by the parathyroid. We know that the success of operative work depends, at least so far as the thyroid is concerned, upon the complete removal of these glands, and as they have made some study of these bodies he would like to know their opinion in regard to them.

There was also another question in regard to which he would like to have some enlightenment. It has been urged by some pathologists who have studied the thyroid that the condition discussed by Dr. Beebe, where there was abundant secretion in the thyroid, that the thyroid secretion would be virulent if the secretion got out, but that it would require some particular cause to get it out. He had been wondering if there is a stage in the case, if the patient survives the absorptive stage, and comes to a stage where it has been said to be cured, in which the power of secretion and the power of absorption do not balance.

Again, it has been stated by some authorities that these cases are almost always irritated by appreciable doses of iodine. If that is the case, then what are we to believe? For instance, looking up the other day some old therapeutics of fifty years ago, he had found one or two cases of goitre supposedly cured by iodine.

There was an old physician who had made quite a reputation by treating goitre. He must have accomplished something, and it would be interesting to know what might be the action.

DR. KEITH inquired in what percentage of cases was the radical operation necessary. He had been told that in towns in the Middle West they have sometimes operations of a radical nature three times a day for ten days at a time. What becomes of these cases ultimately?

DR. SLOAT said that Dr. Beebe had touched upon a point about which he hoped one of them would speak a little further in closing the discussion. It is well known that patients, children especially, who are exposed to diphtheria, and who have received a dose of antitoxin, and subsequently a large dose, in many instances die suddenly. Along this line comes the idea of anaphylaxis—that is an oversensitiveness of the system that is brought about by giving a proteid or albumen injection, and repeating it later, giving a large dose—the theory being that there is developed in the system an anti-phylactin which is slowly secreted, and that when the larger dose is given their equilibrium is overcome and they die either in part or in toto. Why could not that be applied to hyperthyroidism? The thyroid is secreting a small portion of its colloid substance, and we get an extremely large amount of nucleo-proteid. Why could not that act in the same way as anaphylaxis? He would also like to know from Dr. Beebe if in examining these cases he has noted eosinophilia.

DR. WEBSTER reported a case which he said seemed to have some

bearing upon the question of iodine. Some years ago a young woman came to the clinic with enlarged thyroid, tachycardia, temperature, and slight exophthalmos. After some other treatment, she received iodine over the gland. She improved markedly, and was later given iodine in the 6th homœopathic potency, and was apparently cured. Later she married, and had a return of most of the symptoms during the first pregnancy. She again received iodine, at that time simply 6x, and it apparently held the symptoms in check, and they disappeared after the birth of the child. During the second pregnancy iodine again seemed to help her. In the fifth pregnancy, with no other symptoms, she had an enlarged thyroid. He had tried the same treatment, however, in another case without effect.

DR. ROGERS said that Dr. Honan had very properly remarked that he and Dr. Beebe differed considerably in their theoretical conceptions. Dr. Beebe took the view of the scientist that a thing must be proved before he accepts it, while he himself, being just a plain physician who must do something required some consistent working plan to go upon, and he had adopted the theory of fatigue and damaged activity as a basis on which you can make no mistake. The epithelium is fatigued and so cannot use and take up the iodine, and the rest or cure of that fatigue is the basis on which to work.

Several of the gentlemen had mentioned iodine and the treatment by iodine. He had tried to give iodine, and had nearly always failed, and he has learned the danger signs. Iodine is the active principle of the gland, so that iodine is essential in the gland. If iodine agrees, it is given in extremely minute doses, and usually once, twice or three times—the tincture of iodine in a glass of water. This puts a small amount of iodine into the gland, which it can take up. If any injurious action is going to result, there is usually a feeling of constriction or pressure in the throat. If that occurs, one should desist. He has had two or three cases to terminate fatally where he persisted in the use of iodine.

The blood examinations of patients with Graves' disease regularly shows lymphocytosis, and the eosinophilia is very slight.

One of the gentlemen had asked the percentage of cases in which the radical operation is necessary. That was a very difficult question to answer, and he would like very much to be able to do so. He has sometimes blamed himself for taking out the thyroid, but he has seen an enormous number of poor operative cases which have relapsed and have come for relief. He dislikes to undertake the radical operation if there is any other way to get along. Resting the patient, resting the gland, and keeping off the factors which worry the sympathetic system, are the measures which should first be tried. If that fails, thyroidectomy should be considered. In a symmetrical gland it is folly. If a gland is uniformly and symmetrically enlarged and a quarter or a half of it is removed, the remainder will

have to take up the duty of the whole, and it will result in overstrain and a form of myxœdema or Graves' disease.

Much will probably be learned in the next few years. Many cases can be saved by radical operation, but he would like to limit this treatment to early cases with asymmetrical glands, with sudden exacerbation after overstrain or excitement. These have to be cut out in order to get well, and there should be no hesitation. In other cases, where both lobes are evenly enlarged, he is very dubious about the benefit derived from radical operation.

If iodine increases the symptoms, if the glands increase in size, get hard, and swallowing is difficult, it is dangerous.

The question of the parathyroids is a very interesting and complicated one, and could not yet be definitely answered. He has given parathyroid subcutaneously and by mouth. According to his ideas the parathyroids must be participating in the process. Whether or not it participates in Graves' disease, he is not sure, but it must, for it is found enlarged in many of these cases. As regards the operative manipulation, if that is done carefully, there is no danger. In one case which he had a very severe toxæmia developed.

As to the connection between Hodgkin's disease and Graves' disease: In many of these chronic goitres, especially those with small thyroids and marked exophthalmos, the lymphatics are enlarged, and these are very troublesome. He had two cases for ligation of the inferior thyroid vessels. There was a small thyroid and very marked exophthalmos. The lymphatics had to be dissected out—but that is not Hodgkin's disease. That is where there is a typical change in the lymphatic glands. Graves' disease is nothing as a concomitant of multiple operations, but in the traumatism of multiple operations the thyroid participates in the fatigue, and these thyroids develop in some women. It is a question of fatigue.

He was interested in what Dr. Honan had said about iodine, for that is the favorite method now, though he himself has never gotten any benefit from it. Such reports are not lies, and he has thought that the results might be obtained through the chromaffin system. The chromaffin cells are stained only by chromic salts.

In regard to the question of masturbation, he has had some experience which is worth mentioning. He thought, however, that Dr. Dieffenbach had the cart before the horse. It is a very curious fact that some of these cases have very exceptional sexual development. The sexual impulse was stimulated in nearly every one who received these injections, and it was a serious matter with some of the young women; it has to be used with some caution, hypodermically. One girl had to be tied in bed to prevent masturbation, which was constantly being practiced. He did not believe, however, that masturbation is anything more than an effect, but it is part of a vicious circle, for the masturbation increases the nerve symptoms.

FUNCTIONAL DISEASES OF THE STOMACH.*

By J. Perry Seward, A. B., M. D.

In functional diseases of the stomach no pathological anatomical change is demonstrable. The determination of whether the condition treated is functional or organic or both, and if both, which is primary, is of first importance.

Such a decision is to be arrived at chiefly by excluding organic disease if possible. For this the methods which Dr. Sloat will discuss will be usually essential. There are, however, a few generalities which will prove suggestive and are worth bearing in mind. We must yet remember that there are often exceptions and avoid hasty conclusions.

Cohnheim lays great stress on the hereditary tendency to functional gastric troubles in persons with a certain constitution which he calls "habitus enteropticus." He pictures the individual with the long, narrow chest, sharp or acute costal angle and floating tenth rib. Such a build tends to produce a longitudinal position of the abdominal contents. When patients so formed become poorly nourished or nervously exhausted, or sustain one or several pregnancies, they are apt to suffer from enteroptosis, movable kidney, constipation, loss of cushions of fat, and *functional* weakness of digestion. I have seen this generalization criticized, but have so often verified it that I have come to consider the picture significant.

Causal factors that point to alterations of function are numerous. First in order are injuries to the general nervous balance. Grief, shock, the "strenuous life" of the New York business man or society woman, emotional strains, bad sexual habits, all the causes of neurasthenia in a word, are likely to derange the orderly progress of digestion. Conditions of mal-nutrition, anæmia and tuberculosis may have a similar effect. Diseases of the central nervous system like locomotor ataxia and brain tumor are important. Poisoning by nicotine is more often a factor than is usually conceded. Kemp claims that it is the swallowed tobacco juice that increases the amount of acid. Skaller, however, claims to have proved experimentally that the influence is through the nervous system working on the peripheral nerve endings. We may note in passing that he

*New York Homœopathic Materia Medica Society, January, 1911.

attributes to this cause many cases of paroxysmal crises, or the so-called gastroxynsis, which may occur on an empty stomach at 5-6 P. M., or during the night.

Another generalization which is suggestive is that real pain rarely occurs in a functional gastric disease. Real pains are described as crampy, colicky, cutting, burning, boring or stabbing sensations. When any such are described the strong presumption is in favor of their being the result of an organic disease of the stomach or a neighboring organ. On the other hand, if we can resolve our patient's complaints of pain into fullness, pressure, distress, heat, eructations, etc., we have a disease which may be of functional or of organic origin.

Nausea is a symptom that warrants very careful search for a possible reflex causation. In women we often jump at the conclusion that the reflex is pelvic, and well we may. But many and various organs require interrogation. Eye strain, nephritis, brain tumor, icterus and arterio-sclerosis are a few of the possible causes. Shock from a nasal operation produced a nausea in a patient of the writer that lasted for four months. After her back had been scarred by numerous electric cauterizations by a colleague in the country with very temporary relief, I made a good trial of carefully selected remedies, but failed utterly. A few treatments by suggestion at my hands changed her unutterable nausea and loathing for food to perfect comfort and a keen appetite.

All gastric complaints require most painstaking efforts for their relief, and often severely tax the patience of the victim. But in none do we gain greater rewards of gratitude than in the frequent cases where gastropsis is early recognized and vigorously treated. These cases occur in the patients with the habitus enteropticus already described. They are emaciated and anæmic. Distress or pressure is felt after taking any food, *solid* or *liquid*. They complain of lassitude, especially after meals, and a great variety of symptoms like flatulence, regurgitation, water brash, changeable appetite, etc., which are not significant of any particular disease. The objective symptoms are the important ones. A low position of the stomach and of the transverse colon is found, and splashing sounds are easily produced. Usually the right kidney is movable. The test meal may show increased or lowered acidity, and is of value in suggesting the classes of food that are appropriate. Food

is taken in meals that do not exceed a pint and a half, and careful directions are given to avoid burdening the stomach with much fluid. It is often well to require the patient to lie down for an hour after eating. Food that tends to produce fat is most appropriate, for such deposits in the abdomen furnish considerable support to the organs. I usually apply at once a Rose adhesive bandage of Z. O. plaster on moleskin. This gives such comfort that after it has been worn for two weeks and perhaps replaced for another similar period, the patient feels great benefit. For longer use I quite commonly order a Storm Binder or a corrective corset. If the case is severe it may be necessary to keep the patient in bed for a considerable time to start the treatment well. The choice of remedies is to be based on general or causative indications. The use of such remedies as *ignatia*, *acid phosphorica*, *sepia*, *ferrum*, *arsenic*, *nux moschata*, etc., can well be imagined.

Less prompt to respond to treatment, but exceedingly numerous in this metropolis, are the cases of hyperchlorhydria. The cause is usually the strenuous life, heavy burdens of anxiety or responsibility, sorrow, and the habit of eating stimulating foods, the red meats, tea, coffee, wine, condiments, and the use of tobacco. If the condition lasts long it is apt to go on to the production of a real gastritis of the sthenic variety, with hyperplasia of the mucous membrane. There may be merely an excessive response to the stimulus of the meals eaten, with the production of much more hydrochloric acid than the food requires. Or the glands may continue to pour into the empty stomach its acid secretion day and night, causing distress, pain, or the symptom complex called gastroxynsis.

Suggestive symptoms are:

Pain before meals or long after meals, or at night.

Distress relieved temporarily on eating, when the acid is in great part engaged or combined with the food.

Insomnia or restless sleep.

Tenderness of the epigastrium.

Heartburn.

Relief from alkalis.

Relief from drinking water which dilutes the gastric juice.

It should be remembered, however, that acid risings do not always consist of hydrochloric acid. Often the organic acids produced in

a state of hypochlorhydria will cause the same burning sensation. The use of the test breakfast is essential to the satisfactory diagnosis, and should never be omitted.

While it is agreed that the best cure for this condition is to be secured by a long vacation in the woods, away from care and from any excesses, many of our patients cannot avail themselves of this method of relief. We must do the next best thing, remove dietetic abuse and nerve strain, aid sleep, and relieve distress.

While such patients feel best soon after eating albuminous food, it is not wise to allow eating between meals. The aim should be to discourage the excessive activity of the gastric glands. Fat inhibits the production of hydrochloric acid. Gelatine and agar-agar are soothing. Sweets, condiments, tea, coffee, alcohol and tobacco must be forbidden. Water should be drunk freely between meals. Soups, broths and acid fruits must be avoided.

I have found that calcium chloride c. p., saturated solution in water, 3 drops in $\frac{1}{4}$ glass of water, $\frac{1}{2}$ hour before meals is very beneficial. It is an old remedy of Rademacher, unearthed by Dr. Laidlaw, and though not intended for this condition seems to help many cases. I have a well founded objection to making a test tube of the stomach and neutralizing the acid with the usual bi-carbonate of sodium.

Here are a few remedies with well verified symptoms that make them suitable to hyperchlorhydria:

Abies nig. Hard boiled egg sensation.

Hunger noon and night.

Indigestion from tea and tobacco.

Anacardium. Prostration of nervous system.

Functional disease of stomach. May be from excessive mental labor.

Constant desire to eat with temporary relief.

Flatulence and heartburn.

Morning sickness of pregnancy.

Ignatia. Effects of nervous prostration or grief or mental depression.

Gastric symptoms relieved by eating. < tobacco.

Sinking feeling epigastrium.

Sensation fasting.

Craving indigestibles.

Iris vers. Severe burning distress.

Vomiting acid fluid.

Profuse ropy saliva.

Neuralgic headaches with gastric symptoms.

Kali phos. Many symptoms of mental depression and exhausted nerves. Consequences of worry and anxiety or sexual excess.

Insomnia or restless sleep with vivid dreams or night terrors.

Gastric symptoms not peculiar.

Indicated by concomitants.

Magnesia carb. Usually acid catarrh.

Craving for meat.

Sour eructations and flatulence from cabbage and potatoes, etc.

Nux vom. Causal indications may suggest nux before enough damage is done to cause actual acid catarrh.

Nervous, debilitated men from business cares. Tendency to excessive use of stimulants, rich food, condiments.

Phosphorus. Remedy for the atonic catarrh that simulates hyper-acidity. The burning pain is not from H. Cl., but from organic acids.

Robinia. Excessive acidity of stomach.

Burning pain stomach and between shoulders.

< night preventing sleep.

Sour vomiting, violent.

Affections from excessive tea drinking, teeth on edge.

PRACTICAL TESTS FOR STOMACH CONTENTS.*

By Harrison Greenleaf Sloat, M. D.

To supplement the excellent paper by Dr. Seward, I have thought to ask your attention for a few minutes to a practical consideration of a few simple tests by which we are helped to arrive at a diagnosis of gastric disorders.

The tests are so simple and easily carried out that it is somewhat surprising that more of the profession do not avail themselves of the methods, as only an accurate knowledge of the functional capacity of the gastric juices will enable one to carry out a rational method of treatment.

One hour after an Ewald test meal, consisting of 50 grams of

*New York Homœopathic Materia Medica Society, January, 1911.

bread and 400 c. c. of water, one should be able to obtain by the stomach tube 20 to 50 c. c. of stomach contents, which should contain hydrochloric and other acids, ferments and enzymes in fairly constant amounts.

In routine work free H. Cl. is first tested for and as follows: A few grains of vonillin and phloroglucin in proportion of 1 to 2 are moistened in a porcelain dish with a few drops of the gastric fluid and heated over the flame. After a few seconds you see a bright red color appearing around the edge of the fluid, denoting free H. Cl. In this case the color is not very pronounced. Having demonstrated that the acid is present, we will next determine the amount, and this is done by titrating 10 c. c. of the gastric contents against a deci-normal solution of Na O H, using di-methyl-amido-azo-benzol as an indicator. When one or two drops of the indicator is added the whole turns a bright red, and now the Na O H is dropped in from the burette until the fluid becomes a pronounced lemon yellow. In this case it takes 1.5 c. c. to produce the reaction, and we read the result in terms of Na O H to 100 c. c. and say that free H. Cl. is 15.

For the total acidity we will use phenolphthalein as the indicator. The addition of a few drops produces no change of color, but as soon as we begin to add the caustic soda we note that each drop produces a faint pink color which disappears as the fluid is stirred. Soon we reach a point where the pink color remains; but this is not the end reaction, and we must continue until the fluid is no longer colored a deeper pink by addition of the alkali. In this case it requires 2.5 c. c. to accomplish the result, and we call the total acidity 25.

This particular specimen is low in both free H. Cl. and total acidity; the former should be in health from 30 to 40, the latter 50 to 80.

In testing for lactic acid we use the Strauss method, employing a small separating funnel graduated to hold 5 c. c. and 25 c. c. To 5 c. c. of the filtered contents are added 20 c. c. of ether and the mixture shaken. When after standing a few minutes the ether has separated out the cock in the bottom is turned and the contents allowed to escape until 5 c. c. only remain. The funnel is now filled with water to the 25 c. c. mark and again shaken. A few drops of a 10% ferric chloride solution is now added, when a green color will be produced if lactic acid is present.

Tests for pepsin are carried out with small disks of egg albumin. One of these disks is placed in a test tube with 10 c. c. of gastric filtrate and incubated at 37° C. Normal gastric juice should digest such disk in from 2 to 3 hours. Each set of disks after they have been made should be controlled by tests on normal gastric juice and the digesting time noted on the container.

If now we add about 5 drops of gastric juice to 10 c. c. of milk in a test tube and heat it to 35° C. in an incubator or hot water, it will coagulate in fifteen minutes or less if chymosin is present in moderate amounts.

In the process of digestion starch is changed into amidulin, erythroextrin and achroöextrin. Amidulin is colored blue by Grams' solution, erythroextrin a mahogany brown, and achroöextrin is unaltered by the iodine. We now add a little Grams' solution to a c. c. or two of the gastric juice and note only a brown color. This means that the small amount of H. Cl. in this specimen was not enough to check to action of the ptyalin after the food had reached the stomach and all the amidulin has been converted into erythroextrin.

These are the most commonly used tests, and from a careful study of the results valuable aid in diagnosis and treatment is obtained.

145 W. 95th St.

DISCUSSION.

DR. M. W. VAN DENBURG does not believe the examination of gastric contents is practical for the general practitioner. He finds it hard even to interpret the findings of the pathologists, and thinks it impossible to always distinguish functional from organic conditions. A detailed report of a case in his practice was given to show how careful prescribing had seemed to control a complicated condition.

DR. STEARNS remarked the common tendency to relapse in all cases of stomach dilatation. He has not found it possible to cure that or such similar conditions of chronic appendicitis with medicine alone. Some mechanical support or aid must always be resorted to.

As a suggestive list of well-proven remedies, Dr. Stearns presents the following:

Abies nigra.—Sense of stone or hard boiled egg in stomach. Symptoms resulting from heat.

Alium cepa.—Ravenous hunger. > in open air. Acid eructations. Offensive flatus.

Anacardium.—Distress > by eating. Constipation with feeling of a plug in the rectum and constant desire to eat.

Antimonium crud.—Results of overloading stomach or too rich food, with white coated tongue.

Antimonium tart.—Disgust for food.

Argentum nit.—Great accumulation of gas with explosive eructations. Nervous irritability and desire for sweets.

Arnica.—Bitter taste and eructations tasting of rotten eggs.

Bryonia.—White tongue, thirst, constipation or the diarrhoea of hot weather.

Calcarea carb.—Craving for eggs, for unusual foods, chalk or dirt. Ravenous hunger.

Capsicum.—Burning in stomach. All-gone sensation, temporarily > by eating. Chilly. Depressed.

Colocynth.—Intensely bitter taste.

Carbo veg.—Weak digestion. Symptoms following some former illness. Flatulence and rotten egg eructations. These symptoms are sometimes induced in invalids by giving them toast which has been burned.

Chelidonium.—Irritable. Pain under angle of right scapula. Symptoms > by hot drinks.

Cocculus.—Aversion to food even though hungry. Nervous and wakeful. Symptoms induced by loss of sleep.

China.—Much gas and acidity. Craving for spiced and sour food.

Hydrastis.—Atony. Gone feeling. Bitter taste.

Ignatia.—Biting tongue and cheeks while chewing. Sinking sensation.

Lycopodium.—Pains in lower abdomen. < pressure. Sour taste and eructations.

Mercurius protoiodide.—Yellow coated tongue.

Natrum carb.—Weak digestion while feeling well. < starches.

Natrum mur.—> by tight band about waist.

Nux vom.—< immediately after eating and mornings. Irritable and constipated.

Pulsatilla.—Slow digestion. Vomiting after eating.

Robinia.—Excessive sourness.

Sulph.—All-gone sensation. < 11 A. M. Hot flushes.

DR. E. W. BROWN finds it hard to interpret pathological reports in stomach cases so as to derive help from them, and has succeeded in clearing up cases, by careful prescribing, which from the pathological findings seemed hopeless. He believes that the totality of symptoms is often overlooked, particularly the mental symptoms, which are of great importance. He has often found the stomach symptoms produced by excessive smoking to be relieved by capsicum. Dilated stomachs must be supported by strapping.

DR. B. G. CLARK has seen several cases of gastric pains cleared up by relieving eye strain. A case of excessive acidity which had long defied treatment was cured by *lac defloratum* 200.

DR. RABE believes that mechanical abnormalities require mechanical treatment. Hyperchlorhydria has many times been caused by amalgam filling in the teeth. Great care must be used in inserting a stomach tube when gastric ulcer is suspected. Gastric ulcer is not as easily diagnosed as is usually believed. A case of death occurred from this disease under Dr. Rabe's observation where several good diagnosticians had never suspected the condition, and the patient was operated on for a supposed appendicular abscess before the true condition was discovered. Dr. Rabe gave in detail two cases of stomach neurosis worked out with the repertory where unusual remedies had given splendid results.

DR. HITCHCOCK reports success with arsenicum alb., high, in cases of extreme nausea. Two or three drops placed on the inner surface of the lower lip will sometimes relieve the condition when anything put upon the tongue would cause violent emesis. Ice packs on the stomach and back of head and neck will sometimes relieve nausea. In some cases of severe nausea iced grape juice is well borne. High frequency currents have been known to stop the hæmorrhages from gastric ulcers. The use of electricity is of great value in stomach troubles to regulate the bowels when cathartics have been abused, and Dr. Hitchcock considers the intestinal condition of great importance in all gastric disturbances.

Hot baths with cold douching are of value for this same purpose.

DR. LEHMAN states that diseases of the stomach are sadly maltreated by non-homœopathic physicians. Nux v. has been his most helpful remedy, but he has verified the prominent symptoms of lycopodium, antimonium c., and sulphur.

DR. WEBSTER has abandoned the effort to examine stomach contents. He finds that the man in general practice who has the time for such complicated laboratory work usually does not have the patients who require it, and when the patients come he does not have the time. No man who does such work only a few times in a year can ever be sure of his results.

DR. VON BONEWITZ reports a wonderful result from arsenicum alb. in a case of catarrhal cholecystitis with extreme prostration and bloody vomiting.

ARTHRITIS DEFORMANS (CHRONIC). PART TWO.*

By F. St. Clair Hitchcock, M. D., New York City.

It has been contended by some that the infectious diseases producing acute articular rheumatism never produce a condition of true arthritic deformans; the distinction being that the chronic and

*Read at the New York Homœopathic Materia Medica Society, February, 1911.

stiffened condition of these cases is a chronic articular rheumatism quite apart from the other type. It is further said that simple acute articular rheumatism may progress to the same chronic type, but never beyond that. In other words, arthritis deformans is then supposed to exist *per se*.

But just as many more authorities add that chronic articular rheumatism may, and often does, progress to that stage known as arthritis deformans. All authors agree that every attack of acute articular rheumatism predisposes the patient to become more easily subject to this disease for future recurrences, and further renders it more difficult to ward off the chronic stages.

It has been the writer's experience that a chalky creaking or grating may be detected in one or several joints, subsequent to a so-called cure of acute articular rheumatism. And treatments of the negative earth breeze (static) given for the general up-building of such a person will very often bring chalky deposits to the surface, or render them palpable in the recesses, of an old affected and supposedly cured joint. This then would lead us to the conclusion that under ordinary methods of treatment chalky deposits often remain at the site of a hitherto affected joint. These readily become the nucleus of further enmassing until we finally find through one means of discovery or another that there exists a well-hardened formation of salt deposits, which is fast cementing together the approximating parts of the affected joint.

In an advanced case there is then little or no distinction between chronic gout or chronic articular rheumatism and arthritis deformans. Often we cannot rightly determine whether the chalky deposits existed *per se* and then attached themselves to the contiguous surfaces of the bones, cementing them in their juxtaposition, or whether the deposits so interposed are due to an extension of the salts as the bony tissue projected them, and as it is said—overgrew from the bone. It is certain that the deposits appear under the Roëntgen rays to have been superimposed upon the ends of the bones in very severe cases of either chronic articular gout or acute arthritis deformans.

And *what is bone-tissue?* Gout precludes the lowering and absorption of the *non-solid* elements found in the osseous structure. This leaves the degenerated bone with nothing but the solids or salts to constitute its structure. Moreover, what more, in a measure,

are these salts than the very ones which are being deposited upon and about the diseased area? It may be that the silicates and potash constituents together with the natural bone-tissue formation and bridge construction about the tiny canaliculi or blood-tunnels; it may be that this combination of chemistry and mechanics is what happily maintains the desired resistance against the electro-chemical treatments that so prettily dissolve the solids of *extra-osseous construction*, or what is called gouty composition. These superfluous structures—tophi, osteophytes, or nodes as they are called, and finally the larger masses of the same quality—differ from the elements of bone-tissue in accordance with their superabundance of *urea*, which in meeting with the *sodium*, *calcium*, *chlorine* and *phosphates* of the system forms the bi-urates of sodium and other chemical combinations with the other active elements.

Hence in the injection kataphoresis treatments which the *author* has labored over and finally felt justified in bringing to light—in these treatments—the *chlorine* of the NaCl or sodium chloride solution injected readily attacks the above-mentioned solids, and converts them into soluble compounds and liquid combinations:

There is little doubt but that a set of tests and experiments carried out by Dr. Lindsley F. Cocheu will satisfactorily explain this in our next installment. Suffice it to say that the urinalyses are significant. It would seem that the *sodium* of the injected NaCl does not remain as a solid, but in turn is influenced to take on molecules of other elements present in the gouty area, and together with the other compounds becomes passed off by the kidneys and emunctories in general.

Queer to say, the *chlorine*, once set free by the electrical current, does not simply remain in the injected area, but finding its way through the circulation is soon occupied in uniting with the solid chalky masses at *distant* parts of the body. Thus an injection followed by treatments at the knee will prove efficacious in attacking a hidden solid mass in the elbow. Often in such a manner softened lumps appear in the elbow of the opposite side, or at the nape of the neck along the spinal column, and even upon the forehead. The constitution undergoes a change, as is evidenced both by the patient, the urinary findings and the thermometer.

The cases treated have been from both sexes, ranging from 37 years of age to 80 years of age. Some of these cases were first

seen by the writer after a three years' duration of the stony form which had crippled the patient from the tips of the crooked hands even to the stone-like toes. Such cases are statuesque, and have been subject to rheumatism for perhaps twenty-five years prior to the onset of arthritis deformans in its true form, which complication then invested the body for the latter years. These cases are sometimes also insidious in their onset, while others develop in an acute fashion with a sudden attack.

The first case with which the writer experimented was one of arthritis deformans from head to toes. This woman, treated when 60 years of age, had first developed articular rheumatism while crossing the plains as a girl in a prairie wagon, and suffered innumerable attacks of increasing severity after that time till she was finally crippled like a statue in her rigidity. This lasted for three years before the writer was asked to see the case. The hands, crooked, abducted at the wrists and adducted from the knuckles, were drawn up under the chin, while the knees were flexed in the sitting position, and the legs could not be moved a fraction of an inch. To-day this woman can walk up and down stairs; she can kick and swing her legs; she can comb her hair, and with equal ease pick up a paper from the floor.

But let us first review a case of stiffness or ossification confined to one joint. Until the next installment we will not touch upon the diet. Suffice it to say that all these cases I shall mention are allowed to eat *red meats*; in fact, these treatments permit it even in acute gout, while the patient meanwhile keeps *upon* his feet.

CASE I.—J. G. Nat., British West Indies (St. Vincent). Æt. 29 years 11 months. Single. Five years in New York City.

"Contracted gonorrhœa in latter part of October, 1909.

"Discharge ceased early in November. Never was injected, but given medicine only by a native friend. Two weeks after discharge (urethral) had stopped the right knee became swollen, painful and immovable. In bed two months; no doctor; employed rubbing and hot poultices of bran mash. Middle of July, 1910, went to Flower Hospital clinics. Dr. ——— tapped scrotum (right side) twice within two months, as this was largely œdematous, and had been so ever since patient had been in bed at home.

"In August, 1910, entered physical therapy clinic, same hospital, being treated by Dr. Lehman. The 500 candle power lamp was em-

ployed without success. Homœopathic medication of apparently indicated remedies failed to improve the condition. Bry. θ , thuja 30.

"1 December, 1910, a treatment of the so-called* Hitchcock earth wave of earth negative character was administered. This enabled a slight increase in extent of motion in the flexion—extension was all right. This was repeated December 8th; walking being a little bit better meanwhile.

"15 December, 1910, Dr. Hitchcock determined to try the patella for arthritic rheumatoid deposits. The patella at the top moved in one direction only, and that but slightly, externally. Accordingly Dr. Hitchcock felt justified in employing his (original) injection, kataphoresis treatment, subjecting the injected area to a negative earth breeze.

"During this treatment the patient was connected to the positive (x) side of the static machine (Flower Hospital) by means of the 'shepherd's crook' held in the left hand, his bare and injected knee directed toward the earth pointer. The negative (—) side of the static machine was grounded at a point some distance away from the source of the earth pointer which was grounded not far from the patient.

"The patient's knee, washed and dried with alcohol, was injected with the NaCl solution at four sides, rather corners, of the patella. The most of the injection was applied to the exterior superior portion.

"Immediately the patient showed signs of being under great pain. This pain (as all others describe it) is extremely severe, although the character of it is variable.

"It is perhaps more often like a pressure, a sticking at the point of entrance, etc. But this varies in character as the negative current is applied.

*NOTE.—This wave in contradistinction to the Morton wave is very much more intense and is described by the patient as being felt inside the joint or part worked upon; *i. e.*, "in the interior of the liver," and "within the bone," The spark-gap is made between the *earth (negative) contact and the patient*, while the patient is also attached to the positive side of the static. The spark-poles of the machine are drawn wide apart and the negative side is grounded to a point *not* connecting with the patient's earth attachment.

This wave treatment should not be confused with the Breeze treatment.

"Immediately the negative earth breeze was directed against the injected area, the character of the *pain* was at first of greater severity and certainly of different quality. It became very sharp like the eating of an acid. It is described sometimes as being very fine, penetrating and scattering, as though an acid were eating its way quickly; yet it is not of the burning character. Within a half minute this pain grows less severe, and in an equal length of time again the *pain is quite endurable*. After another minute or so it has entirely subsided. So in this case it acted the same. And when after five minutes of this odd form of now quite tolerable treatment, the patient was disconnected from the machine, it was found that the patella could be shoved with the fingers in *all four directions*.

"After Dr. Lehman, of the clinic, had manipulated the patella and satisfied himself of the wonderful change wrought directly about the affected knee within five small minutes, and when a couple of students and a practicing physician from Jersey City had likewise examined the previously unpliable patella to their satisfaction, Dr. C—— and Dr. B—— were invited to step into the electrical room where they were shown the results of this work and given a demonstration of the breeze kataphoresis as the earth pointer was again applied and the static set in motion. After five minutes of this the patient himself was able to manipulate the patella in all directions. He left us almost in a dream, so great was his astonishment and unbounded his gratitude."

* * * * *

Since then this patient has received the negative earth breeze kataphoresis treatment; and since the day of his first injection he has ceased to be a "strap-hanger," as he can sit in a car seat with his leg flexed in the natural sitting posture. At his own suggestion the patient was reinjected, in order that any grating due to the loosened and partially dissolved deposits might be eliminated.

[Another installment of this article will appear later. In that section in addition to presenting another interesting and much more difficult case, the author of "Arthritis Deformans" will set forth the urinary findings of this disease according to the action of the treatments, carefully traced out by Dr. Lindsley F. Cocheu. An X-ray photograph of a case before and after treatment will also appear.]

THE THEORY OF RHEUMATISM.*

By George F. Laidlaw, M. D.

Dr. Laidlaw said that we did not yet know the exact pathology of rheumatism nor the nature of the poison that was supposed to produce it. In the old days of humoural pathology, it was supposed to be a fluxion or flowing of "bad blood" into the joints. The word *rheuma* means fluxion or flowing. This idea of a fluxion into the joints of material which should have been eliminated was strengthened by the observation of swelling and inflammation of the joints appearing after cessation of some catarrhal discharge and especially at the menopause. Inflammation of the joints is very common in women at this time. It was supposed that the waste material previously lost in menstruation passed into the joints. The central idea was of a poisonous material circulating in the blood being deposited in the joint.

Then came neuro-pathology with its belief that disease was a matter of irritation of nerve fibres and reflex effects at a distance. This was the pathology of Cullen, whose *Materia Medica* Hahnemann was translating when the idea of *similia* occurred to him. According to this pathology, a rheumatic arthritis was simply a reflex irritation starting as an irritation of the nerves of the skin by cold or dampness.

Then came cellular pathology with its demonstration of proliferation of the cells and inflammatory exudate as the local change, but cellular pathology could throw no light on the cause of the inflammation.

For many years it had been held that the poison of rheumatism was an acid, because of the acid urine and the sour sweats that were such constant accompaniments of rheumatic fever. On this acid theory the well known alkaline treatment was founded and continues to-day in the popular lithia salts. The identification of this acid was a question of chemistry. The application of chemistry to pathology was first developed practically by the English pathologists in the earlier part of the nineteenth century. One of the best of these, Prout, was the first to declare the nature of this

*Read at the New York Homœopathic Materia Medica Society, February, 1911.

unknown acid to be lactic acid. Starting from the fact that lactic acid is produced in muscle tissue during its contraction, Prout surmised that the lactic acid was normally excreted by the skin; that the well-known effect of cold and damp in producing rheumatism constituted a checking of the excretion of lactic acid by the skin. This lactic acid theory of rheumatism was widely held until more exact observations demonstrated that lactic acid was not excreted by the skin; that the sour perspiration of rheumatic fever was due to decomposition of the fatty acids of the perspiration, and that the fresh perspiration of rheumatic fever was not acid.

Of the theory that rheumatic arthritis is due to retained uric acid I will say, only that it is due to a series of popular errors. In gout, Garrod demonstrated the probability of an increased uric acid in the blood preceding the gouty attack, but this has never been demonstrated to be a constant feature of the various types of rheumatism. To my mind, the importance of uric acid in disease has been greatly over-estimated. This widespread uric acid delusion has only been possible because a majority of us physicians in the past thirty years have been so ignorant of physiological chemistry that we are incapable of judging the question.

Last came bacteriology, which has cleared up the origin of some cases of so-called rheumatism as it has explained the origin of so many diseases. According to this theory, acute arthritis is septic and due to irritation of the tissue of the joint either by bacteria or by their products. According to this view, the term "infective arthritis" should replace rheumatism.

It is not always possible to identify the microbe in a given case. I have often examined fluid from an inflamed joint and found it sterile. There are two explanations of this. In some instances, dissections of acute rheumatic arthritis have shown bacteria buried deep in the tissue of the joint, whereas they are absent in the fluid of the joint. The other and, to my mind, the most probable explanation is that the joint becomes inflamed not from the actual microbe, but from the toxins of the microbe circulating in the blood. In this way we explain how gonococci in the seminal vesicles can produce a synovitis of the knee by simply excreting their toxins into the blood. It is not necessary for the gonococcus itself to reach the joint. A common observation in surgical cases is that wounds and abscesses are often complicated by arthritis from the

absorption, not necessarily of the germs themselves, but of the poisons or toxins manufactured by those germs.

Thus, the modern theory of rheumatism comes close to the chemical theory, except that we reject lactic acid or a chemical formed during metabolism and replace it by the chemical poisons manufactured by bacteria.

This conception of rheumatic arthritis has a practical bearing on treatment. In the presence of any joint inflammation, search for the primary focus of infection. It is often in the tonsils. In cases of frequent recurring arthritis the recurrence has been checked by excision of diseased tonsils. Similar cases have been checked by Fuller's operation of exciting the seminal vesicles when infected by gonococci. Others have been checked by curing pyorrhœa or septic conditions of the gums. The practical point is that in any obstinate arthritis or recurring arthritis we should not rest satisfied with simply calling it rheumatic arthritis and prescribing a medicine. We are bound to search for some primary focus of infection, some pus concealed about the body as in gonorrhœa or tonsillitis. Correction of this primary focus of infection will effect a permanent cure.

In these remarks, I have intentionally made no distinction between acute inflammatory rheumatism and the various kinds of arthritis that are loosely grouped as rheumatic. The same general principles apply to all. Arthritis deformans, the so-called rheumatic gout, is really an overgrowth of the ends of the bones. Whether this is due to the same general toxic cause as other forms of arthritis or whether it should be taken out of the rheumatic category altogether is unknown.

PELVIC DEFORMITY DUE TO INJURY: OPERATION NECESSITATED AT FOUR AND A HALF MONTHS.*

By L. L. Danforth, M. D.

Pelvic deformities, due to injury, are rare anomalies in women, probably less than twelve per cent. being due to this cause. Injuries to the pelvis may give rise to various degrees of pelvic deformity, depending upon callous, upon the unification of the bones, and other causes—principally, however, upon the degree to which

*Read at the Academy of Pathological Science, January, 1911.

the injured bones are displaced in the cavity of the true pelvis. This case of injury was due to a collision with a locomotive. Two young people were riding in a carriage, the locomotive bore down upon them, and they were forcibly thrown into a field. The young man was killed, and the young woman was supposed to have been killed at first, but survived the injury. She suffered for many weeks, chiefly at first from what was supposed to be a dislocation of the femur. The injury, however, was found to be due to injury of the pelvic bones, the os innominatum, the head of the femur, and a slight fissure of the pubes. A radiogram was made by Dr. Dieffenbach, which shows very clearly the nature of the injury. The head of the femur is shown to be driven forcibly inside of the pelvis. One of the witnesses said that the lady was forcibly struck by the locomotive and fixed on the end of the tender, which drove the head of the femur directly inward, crushing three bones and deforming the pelvis to a marked degree.

Subsequently she married, whether with the knowledge of her injury or in spite of it, and the usual results occurred. She found herself pregnant, and the question arose whether it should be allowed to go on or whether an abortion should be induced. The physician advised delay, permitting the matter to go to full term, and under that advice and being extremely desirous of having a child the prospective mother went on to the fourth month of pregnancy. At that time she came to New York for further advice, and was sent to Dr. Helmuth, who referred her to Dr. Danforth. There was a general agreement that there were only two courses to be pursued—either an abortion should be induced, or the pregnancy should be allowed to continue to full term and the patient take the risk of a Cæsarean section. The husband persuaded the wife not to pursue the latter course, but to submit to the shorter and, perhaps, less dangerous alternative, and Dr. Danforth was asked to induce the abortion.

The operation for the induction of abortion at the fourth month is not a very simple procedure, owing to the undeveloped character of the uterus and the difficulty with which the cervix dilates. The dangers of laceration and subsequent infection are very great. The operation was begun by the introduction of bougies, and, while this has usually proved successful in ten or twelve hours, twenty-four hours elapsed without pains. He accordingly again introduced the

bougie, but there was still no action; and at the end of a third twenty-four hours he introduced a third bougie. By this time the cervix was amply dilated so that he could introduce three fingers and he proceeded to dilate the uterus. This was no easy task, but was finally accomplished, and the patient recovered.

The chief point of interest in this case was the fact that the pelvic deformity was of such a decided nature that examination revealed the fact that the transverse diameter of the pelvic curve was less than three inches. It was recognized that the birth of a full term child would be practically impossible, and the course pursued seemed to be the only thing to do.

He hoped that Dr. Dieffenbach would say something about the case from the medico-legal standpoint.

DISCUSSION.

DR. DIEFFENBACH said that he had been familiar with this case for two years, and it brought up a number of interesting points from the medical and legal standpoints. It was due to a railroad accident, and when the radiogram was taken it was shown that the ilium and the os pubes were fractured, rendering the pelvis absolutely deformed. He had gone to Boston on two occasions to testify in this case. At the first trial, on the strength of the three radiograms which had been made at different times, the patient received a verdict of \$17,000. At that time he and the other expert witnesses testified that in their judgment if the patient married she could never become a mother of a child by full term, but might have one if Cæsarean section were performed. That opinion was rejected by the appellate court as being too far advanced, as the girl had not been married, and was not then to be married. It was then carried to the Supreme Court, and the judge excluded all this testimony, and the plaintiff received \$6,000. It was again carried to the Court of Appeals, which ruled that the exclusion of the first testimony was not correct, and that the surgeons could testify as to the ultimate effect on the health of the patient, and on the strength of this she received \$7,500.

It was one of the most serious fractures he had ever seen, and the medico-legal effect was interesting.

DR. HOPKE said Dr. Danforth's paper had wakened very painful reminiscences, for he had had two cases which bore directly upon this subject. In one instance a patient had been putting some bedding or something of the kind on a fire escape to air, and made a misstep and fell down two stories and landed on the pavement beneath. She sustained a fracture of the hip and was sent into the hospital. The third month of pregnancy was not interrupted, the

limb was set and treated, and she was dismissed as cured. At seven and a half months she returned, and he made an internal examination, but could find no deformity, and the measurements did not seem to be interfered with, and he thought that the case might come to a happy termination. During the delivery, however, he applied forceps and then traction, and the forceps slipped; he then tried version, and the aftercoming head became stuck in the pelvis, and he was then up against it; but by dint of repeated applications of the forceps and crushing of the head he was at last able to deliver the child, though he was afraid at one time that the head would come off and remain inside the pelvis. On removing the afterbirth he found a sharp, bony projection, upon which the head had impinged every time it came down; this had not been evident while the uterus was gravid, as the hand could not proceed high enough to discover it. Had he known the conditions, he would have had a Cæsarean section performed. In another similar case which came to him, he found that the patient had a lordosis of the spine, and he had a similar experience in delivering the child, which was, of course, born dead. The mother, however, was saved in both instances.

A CASE OF CONSTIPATION.

Anonymous.

A young engineer had been suffering for several years from constipation. Nux vomica had relieved him, and when his profession called him to the tropics he asked his physician to give him something that he could take if the condition recurred. He was given a small vial of nux vomica 200, with directions to take of it sparingly, only when needed, and one dose at a time.

After an absence of some two years he presented himself a few months ago, with a most unhappy tale. As long as the nux vomica had lasted he had been in good condition, but one day he found himself unable to obtain an evacuation, his homœopathic remedy gone, and his erstwhile physician some two thousand miles away. So hied he to a local English doctor, who prescribed the usual cathartics. After some time he developed fissure of the anus and for two months was confined to bed, suffering acutely, discouraged alike from the oppressive heat and from the reluctance of the fissure to heal. Finally he was able to get to New York, wan and weak, with comparatively little pain, but with the obstinate constipation unremedied.

He was given one dose of *nux vomica* 200th, watched for two days, and then discharged. A month or two later the following was received from him:

"I sincerely hope that you have not judged the depth of my appreciation 'for services rendered' by the time it has taken me to tell you about it. But it sure is a joyful tale that I have to tell you, for since the late afternoon, many weeks ago, that you in your professional capacity placed a few granules of reorganization upon my somewhat coated tongue I have been quite free from the worries, perplexities and embarrassments of my former self; and every single morning, when rosy-fingered Aurora is busy in the East, I also am, in the innermost privacy of our privy council.

"I have taken no medicine, no enemas, no nothing, except lots of out doors, and have been following very closely all the directions received from you. But truth to tell, I have never been in better condition in that respect than now, and it is so unusual, so novel, so *good* for me, that sometimes I almost fail to recognize my perfectly well-regulated self.

"If the foregoing sounds, or reads, like a Lydia Peruna ad—don't blame me—just lay it to the great joy I feel over the revolution you have brought about. I liked the Madame Sherry music before, but now the one song is sung with so much added zest, with all the exuberance of pure joy—'Every little movement has a meaning all its own.'"

EDITORIAL

WORK AT THE FLOWER HOSPITAL FOR THE MONTH OF FEBRUARY, 1911.

Number of ambulance calls	480
Number of patients treated in emergency room	219
Number of surgical cases admitted to hospital	130
Number of medical cases admitted to hospital	79
Number of maternity cases admitted to hospital	11
Number of cases treated in the out-door department	2,356

ALUMNI NEWS NOTES.

An Experiment in Social Service Work in a Brooklyn Hospital.

"Social Service" or "Welfare Work," as it is sometimes called, is so difficult to define that one may well ask to be excused, especially in writing for a medical paper. The Massachusetts General Hospital led the way in opening a department for such work and many other well-known hospitals like Bellevue and the Presbyterian Hospital in New York followed suit, and with them all the work has passed beyond the stage of experiment. No such work had been successfully established, however, in any Brooklyn hospital at the beginning of this year, but during this year several hospitals are making trial of it, and I shall limit myself to the description of one experiment being made by five volunteer workers at Cumberland Street Hospital. For, being myself one of the five workers there, I am too much absorbed in the work going on in that part of the field to see clearly what is happening elsewhere, though I know that Kings County Hospital has undertaken the same work with the great advantage of a trained professional worker to lead it.

Such a worker it is the object of the present experiment to install at Cumberland Street Hospital, and doubtless all city hospitals will in due course be provided, but in the hope of hastening the slow foot of time this committee of volunteers is doing the work for six months to show how much there is to be done to put on record the work that is waiting for the worker.

After securing an invitation from the hospital authorities to act

as a Social Service Department, with permission to use the letter-head paper of the hospital and to sign themselves "Social Service Committee of Cumberland Street Hospital," the work was organized as follows: Three times a week the committee has an office hour at the hospital, with one of their number at the desk to make a note of any request that may be made of them. The doctors and nurses are asked to report any cases needing help of a kind that the hospital can not give—dispensary patients too poor to buy the diet recommended for them or too ignorant to know the importance of it; out-patients coming to the hospital with tuberculosis or chronic trouble of a kind not to be treated at this hospital; patients almost ready to go out of the hospital but without homes to go to, wanting help in finding work; children recovering from operations that ought to be followed up to the homes to see that the mother understands the directions given her for further care; patients needing surgical appliances for which they cannot afford to pay; patients the nature of whose illness has made it evident that a change in former occupations or surroundings is necessary to prevent recurrence of the same disease. Indeed, there are such a variety of wants walking in and out of the hospitals for the poor classes that one who sits there ready to listen and record collects a strange variety of problems. For the solution of the most perplexing of the problems and reports on work done and new work the committee meets together once a week. Written records are kept for reference and comparison with the records of other philanthropic workers.

It is the ambition of every Social Service Department eventually through such records to be of use in the determining of the remoter causes and remedies for disease which lie in social conditions. Much of the work, however, is the merest old-fashioned charity work that must have been done somehow by some one in all urgent cases, but which through a department organized for the purpose in the hospital ought to be done as promptly and efficiently as possible and usually—which is important—through the instrumentality of some other organization. In other words, there is no need that hospitals should add to their great work of healing all the other works of social helpfulness, but there is need that it should be the business of some one in a hospital to co-operate actively with the other organizations for social helpfulness in the cases for which there is need of more than the hospital can give.

Dr. A. Andrew Wemmell, who for years had been one of the noted medical practitioners of East New York and who was known throughout the eastern part of the United States, died February 15, 1911, in the Long Island College Hospital after an illness of six weeks. On February 6 Dr. Wemmell underwent a dangerous operation, but until he lapsed into unconsciousness some hours before his death it was believed that he had a fair chance of recovery. The doctor himself was not so sanguine as the hospital authorities, but he awaited the outcome with characteristic fortitude. His wife, two sons and his daughter were with him when death came.

Dr. Wemmell was a Quaker by faith and his love for flowers was responsible for the picturesque gardens which surrounded his late home at 2600 Atlantic avenue. He descended from Revolutionary stock. Some of his ancestors settled on Manhattan Island in 1684. He was a member of one of the oldest Empire State families and a veteran of the Civil War. He was wounded in the battle of Gettysburg.

Dr. Wemmell was born in old New York City on September 11, 1844. He was educated in the public schools and at Warwick Institute, and later received his medical knowledge in the College of Physicians and Surgeons, the Homœopathic College and the Eclectic Medical College, being a '75 graduate of the latter institution.

Dr. Wemmell was one of the famous triumvirate that controlled the politics of the old town of New Lots. The Twenty-sixth Ward Hospital and Dispensary, which he founded, became such a valuable institution under his guidance that it was taken over by the city and is now known as the Bradford Street Hospital. For some years he was the health officer in East New York, the United States pension examiner, police surgeon, register of vital statistics, the Long Island Railroad surgeon, school trustee, and held many other important public positions.

An Interesting Case.—Mrs. M. K., age 34, was admitted to Cumberland Street Hospital February 10, 1911, with the following history: Had a miscarriage last March. November 15, 1910, began to feel life. February 5, while riding in a street car, she was taken with nausea and vomiting, and became delirious the next day, and also noted numbness and aching, with complete loss of motor

power and sensation in the right arm and leg, and retraction of head, rigidity and aching of neck, and frontal headache. Anorexia, great thirst, constipation, white coated tongue, no temperature, markedly slow pulse were present. On admission she showed loss of knee jerk on right side, exaggerated on left, ankle clonus present on right side, absent on left. No Babinski reflex. Pupils equal and contracted, and react to light. Baby still alive.

After consultation with the hospital neurologist, it was decided to empty the uterus, as a sudden involvement of the phrenic or pneumogastric nerves was found. The paralytic symptoms were apparently due to pressure, those of the head and neck reflex. Manual dilatation and high forceps extraction produced a live but poorly nourished infant, which died four days later. Three days after delivery the patient had more sensation in the right leg, raised herself on the bed-pan, the head was also stiff, knee-jerk was exaggerated on both sides, plantar reflex of left side exaggerated, ankle clonus present on right, not on left, still thirsty, sleepless, tongue slightly coated, pupils normal, has had one slight epistaxis. February 18 tactile sensibility in right palm good, poor on dorsal surface; grip on right side weak, left strong; still some loss of strength in right arm and leg, some numbness of right side. Both knee-jerks exaggerated. Babinski reflex exaggerated on left side, slight stiffness of neck, can lift right leg and flex knee on thigh.

Dr. J. Ivimey Dowling, '95, of Albany, N. Y., visited Alma Mater last week. He was much impressed with the new laboratories and reports enthusiasm for the college in the Albany section.

The New York County Homoeopathic Medical Society, supported by the New York Academy of Pathological Science, has invited the New York State Society to hold the semi-annual meeting in New York City.

Metropolitan Hospital Interne Examinations.—There will be eighteen vacancies to be filled on the Interne Staff at Metropolitan Hospital, New York City, on June 15th. Examinations for the positions will be held at the hospital on March 31st. Applications should be addressed to Clinton L. Bagg, Chairman Examining Committee, No. 26 West 46th St., New York.

Dr. Walter Sands Mills, '89, of No. 324 West 89th street, New York City, announces the opening of an additional office at No. 40 East 41st street. Hours, 1 to 3 P. M. Tel. 6950, Murray Hill. Residence hours, until 9:30 A. M.; 6-7 P. M. Tel. Riverside 44. Sundays and holidays by appointment. Diagnosis and treatment of medical diseases exclusively.

Dr. Edmund Devol has removed to No. 11 East 48th street, New York City. Office hours, 4 to 6 P. M. and by appointment; Sundays, 3 to 4 P. M. Telephone, Bryant, 7361.

Wanted.—A copy of the first edition of the Directory of the Alumni of the New York Homœopathic Medical College and Hospital, edited by Drs. King and Leal, and published in 1899 or 1900.

CLASS OF 1912.

One of the most successful Junior Promenades in the history of the college was held at the Hotel Astor on February 9, 1911.

It was conspicuous especially because of the large number present, one hundred and eighty-seven, and a very congenial spirit which was enjoyed by all present.

The fact that the dance orders were not filled before the dance made it possible for everyone to be accommodated.

The promenade was a success financially and the Junior Class wishes to acknowledge the support of the members of the faculty and that of several members of the Ladies' Auxiliary of the hospital, whose help and suggestions made for the success of the occasion.

The class is also contemplating the issuing of a class book during the spring term of its Senior year.

J. H. HONISS.

A LETTER FROM NORTH DAKOTA.

Dr. Joseph H. Fobes, 1 West 68th St., New York:

Dear Doctor: Thanks very much for CHIRONIAN received. Now for the rest. You will be doing us a real favor if you will call attention to our State as a good location for homœopathis. It just

makes me sick to think of the splendid towns here without a homœopath. We gladly accept your offer of space for an article in your nifty publication. Horace Greeley was thinking of North Dakota when he advised young men to "Go West." This immense state is but yet in her infancy. As yet we have but merely scratched the surface of her natural resources. All North Dakota towns are enjoying a thrifty growth and are composed of the finest class of Americans. Every Eastern city contributes its share and sends some of its best young people to make good in the West. Fees in North Dakota are very good and collections are good—office calls, from \$1.00 to \$2.00; bedside calls, \$2.00; obs. case, \$25.00; country calls, \$1.00 per mile. For a physician with a leaning to surgery, North Dakota is especially good, as the people readily consent to the use of the knife, and appendicitis clubs are numerous. Our State Board has two homœopaths on it, and every homœopath that ever came up before the board got a square deal.

North Dakotans take readily to homœopathy once it is explained to them. Grand Forks is a city of 12,000; only one homœopath there and he has joined forces with the regulars and leaves homœopathic off his name. Minot, 7,000, called the Magic City from the wonderful growth it has enjoyed, has no homœopath at all. Valley City, 5,000, has a good homœopathic clientele awaiting a good homœopath, as there has always been a good one there. This is the finest location in the state.

There are four or five other towns of five thousand and over I have in mind. Think of it! Towns of the thrift and growth of these with no representative of our school in them! Not because there is no call for homœopathy, because there is. A goodly number of the people in them used to employ it in the East and would welcome it heartily. There are such splendid opportunities to invest the savings from a practice in real estate or farm lands, and the rapid rise inspires and the demand enables a doctor to do some very profitable speculating in the surest way possible. Graduates should shake the city glamor from their vision and then they could see one hundred opportunities awaiting them in this young state to one in the over-crowded cities in the East. This is a young man's state, and out here the young doctor gets the call over the old gray-beard.

The hustle and energy in our citizens appeal to the young man

with red blood and iron, and after one year's residence in North Dakota you couldn't hire any one to go back East.

Give North Dakota a notice and see if you can't get some of your 1911 men interested. Tell any one to drop me a line for further information about locations, etc.

Thanking you for this favor, I am

Yours truly,

JOS. G. DILLON.

AN OPENING.

Butler, N. J.

New York Homœopathic College:

Gentlemen: If there is a graduate who is looking for a place to locate we would be glad to have him locate in our vicinity, as the nearest homœopathic doctor to us is Paterson, thirteen miles. It looks like a good field, as there are so many surrounding towns. If any one would like further information we will give as much as we are able to, because we do want a strictly homœopathic doctor very much. Hoping this will meet with favor and we shall soon hear from one of the class,

Yours truly,

E. V. BROWN.

MONTREAL HOMŒOPATHIC HOSPITAL.

Two vacancies will occur on the staff of the Montreal Homœopathic Hospital in June, 1911. A splendid opportunity is offered for experience in medical and surgical work. The Dominion of Canada is developing very rapidly; last year 150,000 Americans came to this country, besides 500,000 from the old land. Montreal is a great cosmopolitan city of 600,000 people—with only ten Homœopathic physicians. The hospital offers privileges that cannot be excelled.

Further information can be obtained by writing.

DR. A. R. GRIFFITH,
221 Peel Street,
Montreal, Canada.

ANSWER TO PROFESSOR CLOSE.

Editor CHIRONIAN:

When the writer published an article in the November CHIRONIAN, entitled "Autogenous Virus in the Treatment of Sepsis," he had no idea he would be attacked as to his ability to interpret facts.

The writer was only seeking the truth. To this "beastial" method four healthy human beings to-day owe their lives, if two or three physicians are any judges of the matter. If there are limitations to this method of curing sepsis the writer has not discovered them.

"The first duty of a physician is to cure his patient."

The writer has a record of having cured ten out of ten chronic cases of acne vulgaris, all within four weeks, from the time treatment was begun by this method. Some of these reports are from four other reputable homœopathic physicians. If nothing more was claimed for it the fact that these people all got well can not be classed as accidental. These patients do not care whether they were *cured* or whether they *recovered*. They are *well*.

This method should not be condemned as a matter of routine. No one is called upon to use it if he does not desire to. Give this method of curing sepsis a chance. Try it, and if it does not cure be very sure it will die out of its own inanition. The writer courts investigation of this method of curing sepsis. It is within the reach of every physician. Try it and you will not be disappointed. The severe and hopeless cases and many others do not object to it.

I have never had a failure in many cases treated by this method. Letters from several homœopathic physicians have announced cures made with it. The opsonic index has been raised in every case where it has been made.

I did not mention *serum* in the entire article or discussion. It is well known serum therapy is of doubtful efficacy. I did not claim the autogenous feature was original. I give *living, virulent* pyogenic micro-organisms by the mouth. As regards to priority, my critic quotes Swan as giving the autogenous products of disease in high potency. It is not the same thing at all, for we are giving potencies of substances of equally unsavory origin. The writer experimented with pus and found a cure for sepsis that is simple, convenient and cheap. Medical writers of all ages mention the cures made along this line. It was well known to the ancients, and was popular dur-

ing the middle ages. Lux and Swan both used organotherapy in making cures. I have *proved* pus by the mouth is curative for septic conditions so that it will withstand the strong criticisms of modern medical research. I do not recall that Swan gave *living* virus by the mouth, and Lux did not recognize the all-important feature, that is, that the products of disease to be most curative must be autogenous.

In the field, in the camp, the city, the frozen north, or in the tropics, the cure is always at hand in the form adapted by nature to be taken. It is so cheap. It is obtained by the highest and the lowest alike "without money and without price."

It requires no instrument, it requires no apparatus, it requires nothing but the instruments God has given us, our fingers.

The writer has been handicapped in carrying on his investigations very much for want of laboratory facilities, for the simple method of curing infection by giving living virus by the mouth required the expenditure of much time and labor and money, all of which he has given freely from his limited supply in establishing this cure of sepsis on a firm scientific basis.

An institution founded by some philanthropist for extensive medical research along homœopathic lines would be a blessing to humanity, an imperishable monument to his memory. It would mark an epoch in the history of medicine, and be a philanthropy that would be a God-send to suffering humanity.

In regards to the writer's claim that this is homœopathic. In a broad sense of the term it belongs to homœopathy, and in this sense it is homœopathic, for it is ours by discovery. Lux was a homœopathic physician. It is ours by tradition, for it was introduced into homœopathy in the year 1833 by Constantine Hering, a celebrated homœopathic physician.

If we do not claim it the old school will.

The reason why this treatment is *not* homœopathic and the relation of cures to recoveries was discussed in a paper read by the writer before the New York Homœopathic Medical Society, December 28, 1910, and before the New York State Homœopathic Society at Albany, February 13, 1911.

This method of curing septic conditions has been carried to the Mexican Federal army and to the insurrectos, and a movement is on foot to send a commission to Mexico to use it in the army hos-

pitals on a large scale. If this is carried out there will be many lives saved and an untold amount of suffering relieved by its use, not only in Mexico, but through the world, while my worthy critic is nursing his pet theory and objecting.

CHARLES H. DUNCAN, M. D.

REJOINDER TO PROFESSOR CLOSE.

Editor CHIRONIAN:

"Isopathy has ever striven to fasten itself upon the fair body of homœopathy like the vampire which fastens itself upon men while they sleep and sucks their life blood."

This gem is selected from the paper, "Comment and Criticism of Autogenous Virus," published in the February number of the CHIRONIAN by my good friend, Professor Stuart Close.

Now, really, there never was such a beast as a vampire, and there really is nothing sucking the life blood of homœopathy. The vampire was the product of an exuberant imagination.

Professor Close wonders that Dr. Duncan can use such unpleasant remedies, unwarranted by Hahnemann, at that. He wonders that Dr. Laidlaw can endorse the treatment, and then presents the traditional homœopathic distinction between a natural recovery and a cure of infectious disease. Some of us wonder why Professor Close cannot see the handwriting on the wall that seems to say so plainly that the cure of infectious disease lies in stimulating the natural defensive forces of the body.

The answer is not far to seek. Professor Close is an honest and earnest seeker for truth, but Professor Close is a philosopher. As such he seeks for truth in a formula. Disordered facts are abhorrent to him. Facts must become part of a well-ordered system before he will condescend to notice them. That the universe presents itself to us as disordered facts does not budge a philosopher with a system to defend.

The term philosopher is both a comment and a criticism. In every mind there are two instincts, an instinct to accumulate facts, and an instinct to explain them. The accumulation of facts is the work of science. To explain facts and set them in order is the work of philosophy. Now, philosophy has this constant quarrel with science, that as fast as philosophy builds a symmetrical system science dis-

covers some more facts that will not fit in the system, and the system has to be reconstructed. For there is this characteristic of all philosophies that once formed they are fixed, unchangeable *and intolerant of any more facts*. Philosophy dearly loves its system, and will fight for each of them as fiercely as if philosophy's whole history was not one of constant disintegration of systems by the impact of fresh facts.

Facts that do not fit in the system disturb the philosopher. He does not know what to do with them. Yet facts are being discovered constantly, and on the basis of newly discovered facts the world constantly moves away from philosophies and they have to be reconstructed. On the basis of experimental bacteriology, the medical world is fast moving away from Dr. Close's philosophic distinction between a cure and a recovery.

In their present environments Dr. Close and Dr. Duncan will never understand each other. We are all more or less the product of our environment, Dr. Close of the library and Dr. Duncan of the emergency surgical ward. Dr. Close, among his books, cannot understand how Dr. Duncan can use such repulsive remedies and stray so far from the philosophy of cure. Yet such is our adaptability to environment, if you could change the places of these two antipodes, you would change the men. Put Dr. Close on Dr. Duncan's service in St. Gregory's Hospital, with the ambulance bringing in septic cases in all stages of squalor and neglect, where day after day he saw men and women dying of sepsis in its various forms because as yet we physicians know no cure. I know Dr. Close well enough. I know his true kindness of heart and pride in his profession well enough to know that he would not stand tangled in his philosophies, but that he, too, would search in strange paths for cure.

And this is Dr. Laidlaw's reason, too, for encouraging Dr. Duncan to go on with his experiments. It is because men and women are dying of sepsis to-day in our hospitals and our homes, and both Dr. Close and Dr. Laidlaw are powerless to cure them, that Dr. Laidlaw says an encouraging word for a younger man who is working out an idea that seems to be in harmony with our present knowledge of infectious disease.

GEORGE F. LAIDLAW, M. D.

NEW YORK HOMŒOPATHIC MATERIA MEDICA SOCIETY.

The February meeting of the New York Homœopathic Materia Medica Society was held at the home of Dr. G. F. Laidlaw on the evening of February 23.

After the business of the society Dr. Laidlaw introduced the subject of the evening with an outline of the various theories concerning rheumatism and their historical development (printed elsewhere in this issue).

Dr. St. Clair Hitchcock then read a paper on the electrical treatment of rheumatism, reporting some remarkable results from the use of galvanic and so-called negative earth currents applied to ankylosed joints after the injection of strong sodium chloride solutions. Four cases of gonorrhœal rheumatism were exhibited in which completely rigid joints had been restored to function by this method. (Paper printed elsewhere in this issue).

Discussion by the members of the society present developed the general opinion that in all forms of rheumatism, gout and arthritis deformans the best results are obtained through careful homœopathic prescribing. The relation between tonsilitis and acute articular rheumatism frequently has been noticed.

Hydrotherapeutic measures and hot saline stupes are the best palliative measures, but unfortunate sequelæ are best avoided by the indicated remedy selected with great care and given frequently over a long period of time. Any remedy in the Materia Medica may be required.